



VOLUNTEER APPLICATION

Name:			
Address:		City:	State: AZ
Zip Code:			
Phone:	Message Phone:		E-mail Address:

Are you currently a regular City of Glendale employee? Yes: No: Employee Number: _____
 Have you ever worked for the City of Glendale? Yes: No: Employment Dates (mo/yr): _____

Are any of your relatives*(marriage also)employed by the City of Glendale
 (*If yes, please list name, relationship and City department) Yes No

Name: _____ Department: _____
 Relationship: _____ Department: _____
 How often are you available to volunteer? Once a week Twice a week Daily Other: _____
 What time of the day you are available? Morning Afternoon Evenings Weekends Only
 Which days of the week are you available? Mon Tues Wed Thurs Fri Sat Sun

Are you interested in the City of Glendale special events regarding volunteer opportunities? : Yes : No
 Are you interested in receiving emails/and or information regarding volunteer opportunities? : Yes: No

Please indicate areas of interest:

<input type="checkbox"/> Adult Center	<input type="checkbox"/> Engineering	<input type="checkbox"/> Library	<input type="checkbox"/> Utilities
<input type="checkbox"/> Building Safety	<input type="checkbox"/> Finance	<input type="checkbox"/> Marketing/Comm	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> City Clerk	<input type="checkbox"/> Fire	<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Warehouse
<input type="checkbox"/> City Court	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Police	<input type="checkbox"/> Special Events
<input type="checkbox"/> Code Compliance	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Purchasing	Other: _____
<input type="checkbox"/> Community Partnership	<input type="checkbox"/> Information Tech	<input type="checkbox"/> Traffic Engineering	

Please check your office skills and/or interest:

Microsoft Office Yes <input type="checkbox"/> No <input type="checkbox"/>	Typing Yes <input type="checkbox"/> No <input type="checkbox"/>	Data Entry Yes <input type="checkbox"/> No <input type="checkbox"/>	Accounting Yes <input type="checkbox"/> No <input type="checkbox"/>	Filing Yes <input type="checkbox"/> No <input type="checkbox"/>
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Driver's License Information:

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number: _____	State: _____	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Classification: _____
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Do you have a High School Diploma or a G.E.D.? Yes No If no, indicate highest grade completed: _____

Education from an Accredited College/University:

College: _____	Major: _____	Type of Degree: _____	Degree Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Hours: _____
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Language Proficiency (Other than English):

Language: _____	Speak: <input type="checkbox"/> Yes <input type="checkbox"/> No	Read: <input type="checkbox"/> Yes <input type="checkbox"/> No	Write: <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT HISTORY			
Position Title: _____	Employment Dates (mo/yr) From: _____	To: _____	
Employer: _____	Phone # _____		
Address: _____	City: _____	State: _____	Zip: _____
Direct Supervisor _____			

Position Title:	Employment Dates (mo/yr) From:	To:
Employer:	Phone #	
Address:	City:	State: Zip:
Direct Supervisor:		

List two Personal References (not related to you):			
Name:		Phone #	
Address:	City:	State:	Zip:
Name:		Phone #	
Address:	City:	State:	Zip:
Emergency Contact:			
Name:		Phone #	Relationship:
Address:	City:	State:	Zip:

Do you have a request for reasonable accommodations to perform your volunteer duties? : Yes No

Have you ever been terminated, discharged, or forced to resign?

Yes No If Yes, please name the employer, explain the circumstances, and when (mo/yr):

The City of Glendale conducts an extensive background investigation of criminal history. A criminal conviction does not constitute an automatic bar to placement. Each case is considered individually and based on job requirements. However, failure to answer truthfully will result in disqualification for placement with the City of Glendale. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses. "Crime" does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for assistance.

"Convicted" means that you have been found guilty by a court or jury, pleaded guilty or no contest to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined, or received suspended sentence.

Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Yes No

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time?

Yes No

If you answered yes to either or both of these questions, please give details including the offense(s) for which you were convicted or are currently pending charges, date of conviction, and jurisdiction (court, city, county and state). If an offense has been set aside or expunged, please give date of action.

CONDITIONS

I fully understand, acknowledge and agree to the following;
 The program is under no obligation to accept all interested volunteers.
 Any or all of the following may be required before placement in any sensitive volunteer position:

(A) Background Investigation (B) Fingerprinting (C) Substance Abuse Testing (D) MVD Check

All statements made on this application are true and authorization is given to investigate all matters contained in this application.

Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Volunteer Signature:		Date:
Parent/Guardian Signature (if volunteer is a minor):		Date
FOR OFFICE USE ONLY		PLEASE RETURN APPLICATION TO: CITY OF GLENDALE HR PROGRAMS COORDINATOR 5850 WEST GLENDALE AVE GLENDALE AZ 85301
Date Received		
Date Interviewed		
Date Placed/Dept Approval		
Dept Supervisor Name		
Date Fingerprinted		
Keyed in Volgistics		