City of Tempe
APPLICATION TO VOLUNTEER

Name: _____ **Date:** _____

Address: _____
Street   City   Zip

Home #: _____ **Work #:** _____ **Cell #:** _____

E-mail: _____ **Birth Date:** ___ / ___ / ___

Current Occupation: _____

School or Employer: _____

Supervisor's Name & Phone #: _____

Education Background:
Circle Highest Grade Completed   1 2 3 4 5 6 7 8 9 10 11 12 GED
College_____Degree Received_____

Do you have transportation: Yes_____ No_____
Drivers License # and Expiration Date: _____

Skills and Interests:
Please list work and volunteer experience as well as any skills or interests that could be of use to the volunteer program.

_____

_____

_____

_____

_____

_____

Please list type of volunteer work that would be of interest to you: _____

_____

_____

Is there anything that might limit your volunteer work: _____

_____

_____

_____

Availability: **Please indicate time you are available to volunteer with a check mark or specific times**

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
MORNINGS							
AFTERNOONS							
EVENINGS							

Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)? Note: Reckless operation, hit-and-run, driving under the influence, excessive speeding, and similar charges are *not* considered minor traffic offenses. Yes_____ No _____ If "yes," give details, including charges, dates, locations, etc.: ___

_____

Convictions will not automatically bar an applicant from volunteering. The relationship of the conviction to the volunteer job, as well as, its severity and the passage of time will all be considered.

References: **List two personal references other than family members**

Name: _____ Phone: _____

      Relationship: _____

Name: _____ Phone: _____

      Relationship: _____

In case of an emergency, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Do you have medical insurance? Yes _____ No_____

Name of Co. & Policy No. _____

Signature: _____ Parent/Guardian: _____
                                                         (IF UNDER 18 YEARS OF AGE)

For Staff Use Only:

SITE ASSIGNED:_____ ENTERED IN COMPUTER:_____

SUPERVISOR:_____ WELCOME SENT: _____

Fire Department Use

Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Professional Registration(s), License(s), and/or Certification(s) you possess *that relate to this position:*

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

Special training *that relates to this position:*

_____

_____

List computer software program(s) with which you are proficient in operating *that relate to this position:*

_____

_____

_____

_____

List equipment with which you are proficient in operating *that relate to this position:*

_____

_____

_____

Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

May we contact your current employer if you are considered for internship? ☐ Yes ☐ No

You may make copies and use as many of these sheets as necessary to continue your employment history.

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

Employer: Type of Business:

Address: Phone:

Job Title: Number of Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates: from   /   (Mo/Yr) to   /   (Mo/Yr)   Total Time Employed: Yrs.   Mos.

Hours Per Week: Present/Ending Wage: $ Per

Work Performed:

Reason for Leaving:

Employer: Type of Business:

Address: Phone:

Job Title: Number of Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates: from   /   (Mo/Yr) to   /   (Mo/Yr)   Total Time Employed: Yrs.   Mos.

Hours Per Week: Present/Ending Wage: $ Per

Work Performed:

Reason for Leaving:

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Hours Per Week: Present/Ending Wage: $ Per

Work Performed:

Reason for Leaving: