



CITY OF TEMPE VOLUNTEER OFFICE
YOUTH VOLUNTEER APPLICATION

Application Date: _____

Volunteer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Birthdate: _____ T-Shirt Size: _____

Current School: _____ Grade: _____

Parent/Guardian Name: _____

P/G Phone: _____ P/G E-mail: _____

Experience

Have you volunteered with the City of Tempe before? Yes No
If yes, please add volunteer date(s) and program(s).

Date/Program: _____

Skills and Interests: Please share items that can 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: (please include planned vacation)

Continued

Schedule

Timeframe: Please circle one or more of the following timeframes that you would like to volunteer

One-time event / School Year

1. **If one-time opportunity, please list event(s):**

2. **If School year, how many hours per week would you like to volunteer:** _____

Availability:

Indicate time you are available to volunteer with a check mark or specific times below.

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

Contacts

Emergency Contacts: List two emergency contacts

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

References: List one personal reference other than family members, such as teachers or advisors

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Continued

Waiver

Volunteer Waiver:

I acknowledge that participation in this program/project involves some risk of injury up to and including death, and I assume these risks. I further acknowledge that I am physically capable of performing the activities required. As a participant in this project, I release and hold harmless the City of Tempe and its personnel from any liability for any injury or death arising from participation. I also agree to release the City of Tempe of any responsibility for damage to or loss of property arising from participation in this activity.

Medical Authorization:

I authorize the City of Tempe to obtain any emergency transportation and medical treatment necessary for my son or daughter in the event of injury or illness. I further understand that the city of Tempe has no medical insurance to pay for these medical expenses incurred on my behalf and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

COVID-19 Waiver:

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my child(ren), or members of my group or organization, may be exposed to or infected by COVID-19 by participating in the Tempe Volunteer program/ project and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume the risk and accept sole responsibility for any injury to myself, my child(ren) or members of my group or organization. I hereby release, covenant not to sue, discharge, and hold harmless the City of Tempe and its personnel and partners, of and from any claim that may arise from or in connection with myself, my child(ren) or members of my group or organization's participation in the Tempe Volunteer program/ project.

Volunteer's Name: _____

Volunteer's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

For Staff Use Only:

INTERVIEW: _____	SITE ASSIGNED: _____	SUPERVISOR: _____
TRAINING: _____	VOLGISTICS ACCT: _____	WELCOME SENT: _____