



**CITY OF TEMPE VOLUNTEER OFFICE
SUMMER YOUTH VOLUNTEER PROGRAM 2026**

Application Date: _____

Volunteer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Email: _____ T-Shirt Size: _____

Current School: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Volunteer 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:

Continued

Summer 2026 Schedule

Number of hours per week you would like to volunteer this summer: _____

Is there anything that might limit your volunteer work: (please include planned vacation)

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							

Volunteer Opportunities

Programs: Check one or more of the programs you are interested in

Adapted Recreation Camp Adventure	<input type="checkbox"/>	Community Arts Programs	<input type="checkbox"/>
Escalante Center Kamp Kool	<input type="checkbox"/>	Junior Lifeguard	<input type="checkbox"/>
Tempe History Museum/Tempe Time Machine	<input type="checkbox"/>	Tempe Public Library/Summer Reading	<input type="checkbox"/>

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: _____

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.

Volunteer's Name: _____

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

Parent/Guardian's Name: _____

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

For Staff Use Only:

INTERVIEW DATE: _____	SITE(S) ASSIGNED: _____
SUPERVISOR(S): _____	
WELCOME SENT DATE: _____	VOLGISTICS ACCT CREATED DATE: _____