



CITY OF TEMPE VOLUNTEER OFFICE
ADULT VOLUNTEER APPLICATION

Application Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Gender: Male Female Birthdate: ____/____/____

Current Occupation: _____

School or Employer: _____

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

Experience

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: _____

Continued

Schedule

Hours: How many hours per week you are looking 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							

References: List one personal reference other than family members

Name: _____

Phone : _____ E-mail: _____

Relationship: _____

Record:

Have you ever been convicted of a misdemeanor or felony, placed on probation, fined, or given a suspended sentence (include military trial convictions)? ____ 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.

Emergency Contact: List two emergency contacts

Name: _____ Relationship: _____

Phone #1: _____

Name: _____ Relationship: _____

Phone #2: _____

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 me 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:** _____

For Staff Use Only:

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