

Scottsdale Citywide Volunteer Program Application

Office Use Only	
Division:	
Assign:	
Site Supv:	
FP Req:	

Personal Data: (Please fill out completely	y)								
						MI:			
Arizona Residence (while volunteering) Street	:								
City:			Sta	ate:		Zip:			
Permanent Residence (if not Arizona) Street:									
City:			Sta	ate:		Zip:			
Phone: Home:	Office:				Cell:				
E-mail Address:									
Can you submit proof of your legal right to work in the United States? ☐ Yes ☐ No	Are you over	the age	of 18? 🗌 Yes	s 🗌 No	If no, please	provide age	e:		
Do any of your relatives volunteer or work for	the City of Scott	sdale?	☐ Yes	☐ No	If yes, Who/Wh	nere:			
Have you ever volunteered for the City of Scot	tsdale? Yes	No	If yes, Date:		Location	n:			
How did you hear about this volunteer opportu	ınity? Intern	et	Flyer C	City employe	ee Friend	Social	Media	Other	
Why do you want to volunteer for the City of S	cottsdale?								
Education and Work Skills:									
☐ High School Graduate ☐ Passe	ed High School I	Equivale	ncy test/GED)	■ Neither				
If Student: Name of school, grade in the fall:									
College or University: College Major:									
Graduate Field:			Approxima	ate typing s	speed:	wpm			
Are you fluent in a language other than Englis	h? (Y/N):	Langu	age (s):			Speak:	Read:	Write:	
List skills, license, and professional certification	on (date & #):								
Employment History:									
Please check all that apply to your current state	tus								
☐ Employed full-time ☐ Employed part-t		□ l	Jnemployed		Retired		☐ Stude	ent	
Current/Previous Employer or Vol	unteer Worl	k: (Plea	ase be sure to	o include c	ontact # for refe	erence cont	act)		
Company/Organization Name:				Phor	1е :				
Supervisor Name/Title:		Employ Dates:	ment/Volunte	eer Fron	n (mo/yr):	To (n	no/yr.):		
Work Performed:									
Company/Organization Name:				Phor	ne :				
Supervisor Name/Title:		Employ Dates:	ment/Volunte	eer Fron	n (mo/yr):	To (ı	mo/yr.):		
Work Performed:									
Company/Organization Name:									
Company/Organization Name:				Phor	ne:				
Supervisor Name/Title:		Employ Dates:	ment/Volunte	oor	ne: n (mo/yr):	To (ı	mo/yr.):		
			ment/Volunte	oor		To (ı	mo/yr.):		
Supervisor Name/Title:			ment/Volunto	oor		To (ı	mo/yr.):		
Supervisor Name/Title: Work Performed:	Phone:		ment/Volunte	oor		:	mo/yr.):		

Volunteer Interest:							
Please select an area of interest							
Adaptive Services Adopt-a-Road Ambassadors of Old Town	City Court Fire Department Food Bank	McDowell Sonoran I Mediation Program Operation Fix It		Police Department Senior Centers		Department Centers	Other:
Career Center	Library	Paiute Neig	Inpornooa	Cntr.	Special	Events	
When are you available to volunte	eer?	٦ ،					
Year-round			Weekd	days: Morning	Morning	Afternoon	.
Seasonal: from(month	n) to	on	Weeke	nds:	Morning	Afternoon	Other:
One-time event							
Criminal Background Inf	ormation:						
Please refer to the following defin	itions when providing you	r responses	below.				
"Crime" as used in this section mea the influence of intoxicating liquor (speed, leaving the scene of an acc possible penalty for conviction include	("DUI") or drugs, extreme Dident, driving on a suspende	UI, reckless ed, revoked	driving, a or refused	aggressiv d license	e driving, rac , or any other	ing/exhibition of driving offens	of speed, excessive (criminal)
"Convicted" means that you have be have been sentenced for a crime, where the sentenced for a crime for a cr							
Please answer the following que	estions truthfully and com	oletely If vo	nu are not	sure how	v to answer th	acca augstions	nlease ask for assistance
Your failure to make a full and a rejection of any pending volunteer	accurate disclosure of any p	rior conviction	on(s), or t	to answe	r the questio	ns fully and a	ccurately, may result in the
The City does not allow individual conviction(s) however, does not conformed of offense(s), the nature of the offense(s).	onstitute an automatic bar fro	om volunteei	ring. Fac	tors cons	idered in this	regard include	, but are not limited to, time
	icted of a crime in any don conviction was later set a			itary cou	rt, □ Y	es 🗌 No	
Question #2: Do you presently have an	y criminal charges pendin	g in any cou	urt?		_ Y	′es □ No	
If you answered "Yes" to either	of the questions above, pl	ease provid	e the follo	owing in	formation:		
Offense you were charged with	Felony, misdemeanor or traffic charge?	Date ch		Jur	isdiction		on: fine, jail time, trial , expunged, set aside*
*If offense(s) has been set aside	or expunged, please prov	ide date(s):					
Conditions of Volunteeri	na:						
I fully understand, acknowledge a		conditions:					
The program is under no obligation history report by performing a bar position assignments for which the All agreements between the appropriations you may have.	on to accept all interested ckground check before plant he city will submit fingerp	volunteers. acement in a rints to fede	a volunte eral law e	er assig nforcem	nment. Finge ent agencies	erprinting is re (DPS and FB	equired for certain volunteer
All statements made in this volume. Any false statement or misrepreduring the period of my volunteer	sentation on this applicat						
Print Name	Signature						Pate
0' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
Signature of Parent/Guardian (If volu	unteer is a minor)					L	Pate
Applicant Identification:	• • • • • • • • • • • • • • • • • • • •						
Type of ID provided (check o	<u>=</u>						
Driver's License: Sta	te Issued			Signatu	ire of Staff	validating a	applicant identification
Passport							
Other (specify)							