



# VOLUNTEER APPLICATION

Name:			Date of Birth:	
Address:		City:	State:	Zip Code:
Phone:	Cell Phone:		E-mail Address:	

Are you currently a regular City of Glendale employee? Yes:  No:  Employee Number: \_\_\_\_\_  
 Have you ever worked for the City of Glendale? Yes:  No:  Employment Dates (mo/yr): \_\_\_\_\_

Are any of your relatives\*(marriage also)employed by the City of Glendale  
 (\*If yes, please list name, relationship and City department) \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

How often are you available to volunteer? Once a week  Twice a week  Daily  Other: \_\_\_\_\_

What times of the day are you available? Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**Please check your office skills and/or interest:**

<b>Microsoft Office</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Data Entry</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Accounting</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Filing</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Driver's License Information:**

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number:	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Classification:
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Do you have a High School Diploma or a G.E.D.?  Yes  No If no, indicate highest grade completed: \_\_\_\_\_

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

College:	Major:	Type of Degree:	Degree Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Hours:
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**Language Proficiency (Other than English):**

Language:	Speak: <input type="checkbox"/> Yes <input type="checkbox"/> No	Read: <input type="checkbox"/> Yes <input type="checkbox"/> No	Write: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EMPLOYMENT HISTORY**

<b>Position Title:</b>	Employment Dates (mo/yr) From:	To:
Employer:	Phone #	
Address:	City:	State: Zip:
Direct Supervisor:		

**VOLUNTEER HISTORY**

<b>Position Title:</b>	Volunteer Dates (mo/yr) From:	To:
Employer:	Phone #	
Address:	City:	State: Zip:
Direct Supervisor:		

**List two Personal References (not related to you):**

Name:	Phone #
Address:	City: State: Zip:
Name:	Phone #
Address:	City: State: Zip:

Do you have a request for reasonable accommodations to perform your volunteer duties? \_\_\_\_Yes \_\_\_\_No

Have you ever been terminated, discharged, or forced to resign?

Yes  No If Yes, please name the employer, explain the circumstances, and when (mo/yr).:

**The City of Glendale conducts an extensive background investigation of criminal history.** A criminal conviction does not constitute an automatic bar to placement. Each case is considered individually and based on job requirements. However, failure to answer truthfully will result in disqualification for placement with the City of Glendale. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses. "Crime" does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for assistance.

"Convicted" means that you have been found guilty by a court or jury, pleaded guilty or no contest to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined, or received suspended sentence.

Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court?  Yes  No

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time?

Yes  No

If you answered yes to either or both of these questions, please give details including the offense(s) for which you were convicted or are currently pending charges, date of conviction, and jurisdiction (court, city, county and state). If an offense has been set aside or expunged, please give date of action.

**CONDITIONS**

I fully understand, acknowledge and agree to the following;

The program is under no obligation to accept all interested volunteers.

Any or all of the following may be required before placement in any sensitive volunteer position:

(A )Background Investigation (B) Fingerprinting (C) Substance Abuse Testing (D) MVD Check

All statements made on this application are true and authorization is given to investigate all matters contained in this application.

Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Volunteer Signature:	Date:
Parent/Guardian Signature (if volunteer is a minor):	Date:

PLEASE RETURN APPLICATION TO:  
CITY OF GLENDALE  
Fire Department  
Crisis Response Program 6835 North 57<sup>th</sup> Dr.  
Glendale, AZ 85301  
(623) 930-4220

For Office Use Only

Date Received		
Date Interviewed		
Date Placed/Dept Approval		
Dept Supervisor Name		
Fingerprinted	Volgistics	Community Services