CITY OF CHANDLER RECREATION DIVISION
VOLUNTEER APPLICATION

NAME: ____________________________

Last  First  Middle Initial

ADDRESS: ___________________________________________________

Street  Apt. No.  City/State  Zip

HOME PHONE: _____________________________  WORK PHONE: _____________________________

Email Address: ____________________________  Date of birth (year optional): ____________________________

Arizona Drivers License #: ____________________________________________

Class  Exp. Date

Emergency Contact Name: ____________________________

Phone: ____________________________

Address: ___________________________________________________

Street  Apt. No.  City/State  Zip

Relationship to you: ____________________________________________

Prior Volunteer Experience:

_________________________________________________________________________________________________

Hobbies, Personal Interests, &/or Special Skills/Training: __________________________________________________

_________________________________________________________________________________________________

WORK STATUS: ___Employed full-time  ___Employed part-time  ___Student  ___Retired/Unemployed

Current Employer: ____________________________________________

Phone: ____________________________

Job Title/Responsibilities: ____________________________________________

_________________________________________________________________________________________________

EDUCATIONAL BACKGROUND:

Currently enrolled in High School?: _____Yes _____No

Do you have a High School diploma or GED?: _____Yes _____No

College major / Graduate Field: ____________________________________________

Describe any other training or special skills: ____________________________________________

Do you have transportation to and from your Volunteer assignment? _____Yes _____No

Fluent Languages (other than English):

Language: __________________ Read  Speak  Write

Why would you like to volunteer with the Recreation Division?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

AREA(S) WHERE YOU WOULD LIKE TO VOLUNTEER (please check all that apply):

Tumbleweed Recreation Center_____  Environmental Education Center_____  Snedigar Recreation Center_____

Chandler Community Center_____  Chandler Senior Center_____  Special Olympics/Therapeutics_____  

Special Events_____  Tennis Center_____  Parks_____  Sports Programs_____  Teen Programs_____
### VOLUNTEER AVAILABILITY:
(check the boxes to indicate when you are available to volunteer)

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

What date would you be available to start volunteer work? ____________________________

Do you have any special needs or disabilities that we need to be aware of? _____ YES _____ NO

If yes, please explain: ____________________________________________________________________________________________

Are you applying to volunteer in order to fulfill court-ordered community service hours?: _____Yes _____No

Number of hours required?: __________ Deadline (date) to complete hours?: __________

Have you ever been convicted and/or placed on probation for any criminal offenses?: _____Yes _____No

If "yes", please provide dates and detailed information (including minor offenses): __________________________________________________________

(A "yes" answer will not automatically disqualify you. Each case will be considered individually, based on program requirements.)

Please list the names of two (2) people to be contacted for character references:

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**STATEMENT OF ACCOUNTABILITY AND CONSENT**

By signing this application form, I certify that all information is true to the best of my knowledge, and any omissions or misrepresentations will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I give the City of Chandler Recreation Division authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the Recreation Division advised about any changes of address or phone number. I agree to obey all rules and procedures established by the City of Chandler Recreation Division, and understand that being a volunteer means I have made a commitment to the program. I further understand that I am a volunteer and therefore not entitled to any benefits which are provided to employees of the City of Chandler, and that I will be fulfilling job responsibilities without receiving a salary or hourly wage. I will assume all risks and/or hazards associated with participation in this program and do hereby agree to hold harmless the City of Chandler and/or its employees.

Signature of Volunteer Applicant __________________________ Date __________

Signature of Parent or Guardian if applicant is under 18 __________________________ Date __________

Return completed applications in person to any City of Chandler Recreation facility or send by fax or mail.

Mail: Mail Stop 420, PO Box 4008, Chandler AZ 85244-4008
Fax: 480-782-2888

Last updated Feb 2011