



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 _____

