



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):

Drivers License: Number Class Exp. Date

Emergency Contact: Phone:

Address: Street Apt. No City/State Zip

Relationship to you:

Prior Volunteer Experience:

Hobbies, Personal Interests, Special Skills and/or 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/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 mark all that apply):

- [] Chandler Community Center [] Tumbleweed Recreation Center [] Parks
[] Chandler Senior Center [] Special Olympics/Therapeutics [] Sports Programs
[] Environmental Education Center [] Special events [] Teen Programs
[] Snedigar Recreation Center [] Tennis Center

VOLUNTEER AVAILABILITY:

(check the boxes to indicate when you are available to volunteer)

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
MORNINGS 8 a.m.-noon							
AFTERNOONS Noon-5 p.m.							
EVENINGS 5-10 p.m.							

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? Yes No

If yes: 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:

Name	Address	Phone
Name	Address	Phone

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/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

UPDATED: 09/25/14