



# Scottsdale Citywide Volunteer Program Application

Office Use Only

Division: \_\_\_\_\_  
Assign: \_\_\_\_\_  
Site Supv: \_\_\_\_\_  
FP Req: \_\_\_\_\_

**Personal Data:** (Please fill out completely)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Arizona Residence (while volunteering) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Residence (if not Arizona) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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  No If no, please provide age: \_\_\_\_\_

Do any of your relatives volunteer or work for the City of Scottsdale?  Yes  No If yes, Who/Where: \_\_\_\_\_

Have you ever volunteered for the City of Scottsdale? Yes No If yes, Date: \_\_\_\_\_ Location: \_\_\_\_\_

How did you hear about this volunteer opportunity? Internet Flyer City employee Friend Social Media Other

Why do you want to volunteer for the City of Scottsdale? \_\_\_\_\_

**Education and Work Skills:**

High School Graduate  Passed High School Equivalency test/GED  Neither

If Student: Name of school, grade in the fall: \_\_\_\_\_

College or University: \_\_\_\_\_ College Major: \_\_\_\_\_

Graduate Field: \_\_\_\_\_ Approximate typing speed: \_\_\_\_\_ wpm

Are you fluent in a language other than English? (Y/N): \_\_\_\_\_ Language (s): \_\_\_\_\_ Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

List skills, license, and professional certification (date & #): \_\_\_\_\_

**Employment History:**

Please check all that apply to your current status  
 Employed full-time  Employed part-time  Unemployed  Retired  Student

**Current/Previous Employer or Volunteer Work:** (Please be sure to include contact # for reference contact)

Company/Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Employment/Volunteer Dates: \_\_\_\_\_ From (mo/yr): \_\_\_\_\_ To (mo/yr.): \_\_\_\_\_

Work Performed: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Employment/Volunteer Dates: \_\_\_\_\_ From (mo/yr): \_\_\_\_\_ To (mo/yr.): \_\_\_\_\_

Work Performed: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Employment/Volunteer Dates: \_\_\_\_\_ From (mo/yr): \_\_\_\_\_ To (mo/yr.): \_\_\_\_\_

Work Performed: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

