

Last Name:	First Name:	MI:	Date of Application:
Please check all areas of interest for which you would like to volunteer:			
Parks and Recreation Department			
<input type="checkbox"/> Youth and Teen Programs	<input type="checkbox"/> Special Events	<input type="checkbox"/> Trails Program	
<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Teen Center	<input type="checkbox"/> Ranger Program	
<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Len Colla Recreation Center	<input type="checkbox"/> Other	
<input type="checkbox"/> Senior Services – Dorothy Powell Senior Center Adult Center	<input type="checkbox"/> Parks Program		



City of Casa Grande
Community Services Department
404 E. Florence Boulevard
Casa Grande, AZ 85122
(520) 421-8677
www.casagrandeaz.gov

Volunteer Application

1. Print clearly in dark ink or type. Give complete and accurate information, answering all questions completely.
2. Sign this application and any other forms provided.
3. Retain a copy of the application for your files and submit the original, signed application to the City of Casa Grande Community Services Department, 404 E. Florence Boulevard, Casa Grande, AZ 85122. Applications are not accepted via e-mail or fax.
4. Your application and all attachments become the property of the City of Casa Grande and cannot be returned. Work samples, letters of recommendation and the like may be submitted with the applications.
5. The incomplete or improper completion of an application will result in the application being rejected.
6. Contact the Community Services Department if you have any questions about completing the application or if there is any change to your name, address and/or telephone number.
7. Include this instruction sheet when submitting your application.

The City of Casa Grande is an equal opportunity employer and does not discriminate in hiring for employment or volunteering on the basis of race, color, national origin or ancestry, sex, age, religious beliefs, veteran's status, disability, or political affiliation.

As per the Smoke-Free Arizona Act (ARS §36-306.01), smoking is prohibited in all public places and places of employment including the City of Casa Grande facilities, offices, and sportplexes.

Where did you learn about this opportunity?

Newspaper

City Webpage

City Employee

Walk-In

Other

Notes:

Office Use Only

Application Date: _____ Job Description Policies & Procedures

Interview Date: _____

By: _____

Stat Date: _____ Job Title: _____ Days/Times: _____

Central Registry: _____ Clearance Card Application: _____ Affidavit: _____

On File:

Drivers License (exp _____) Clearance Card (exp _____)

Registration (exp _____) Insurance (exp _____)

Termination Date: _____

PERSONAL DATA

Last Name		First Name		MI	
Mailing Address (Street or P.O. Box)		City		State	Zip Code
Home Phone		Work Phone		Cell Phone	
Email Address			Social Security Number		
Do you currently or have you ever worked for the City of Casa Grande? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide department and dates: _____					
Are any of your relatives (to include by marriage) employed by the City of Casa Grande? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names _____ Department _____					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list age: _____					
Have you volunteered for the City of Casa Grande before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide department and dates: _____					
Driver's License No. and State				Class:	
Please list other names you have used:					
Emergency Contact:		Relationship:		Contact Information:	
Medical Conditions:					

EDUCATION

Highest Grade Completed: _____		Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University Name: _____		City/State: _____			
Field of Study/Degree _____					

EMPLOYMENT HISTORY

Current or most recent employer		Phone			
Address		Your Title		Date of Employment	
Current or most recent employer		Phone			
Address		Your Title		Date of Employment	
Current or most recent employer		Phone			
Address		Your Title		Date of Employment	

VOLUNTEER HISTORY

Name of Agency		Type of Work		Dates of Service	
Name of Agency		Type of Work		Dates of Service	
Name of Agency		Type of Work		Dates of Service	
Name of Agency		Type of Work		Dates of Service	

SKILLS/PERSONAL INTERESTS

Current Certifications: (i.e., CPR, 1 st Aide, CDL, Finger Print Card)					
Computer Skills: List the computer hardware and programs with which you are proficient:					
Why are you interested in volunteering with the City of Casa Grande?					

Dates available to begin volunteering:

Please indicate the days of the week and times of day you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

CRIMINAL BACKGROUND INFORMATION (ALL APPLICANTS)

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY

**NOTE: A criminal conviction(s) does not constitute an automatic disqualification to volunteering. Factors considered in this regard include, but are not limited to, age at time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the position(s) for which you have applied. If you have answered "Yes" to either or both of these questions, please give the details of offense(s) for which convicted (or trial pending), date(s) of conviction(s) and jurisdiction(s) (Court, City, County & State). If an offense(s) had been set aside or expunged, please give date(s).

Have you ever been convicted of a crime in any domestic, foreign or military court, regardless of whether the conviction was late set aside or expunged? Answer by writing "Yes" or "No" _____

Do you presently have any criminal charges pending in any court? Answer by writing "Yes" or "No" _____

If you have answered "Yes to either or both of these questions, please give the details of offense(s) for which convicted (or trial pending), date(s) of conviction(s) and jurisdictions(s) (Court, City, County & State). If an offense(s) had been set aside or expunged, please give date(s).

CONDITIONS OF CONSIDERATION FOR VOLUNTEER POSITIONS

All information contained on the application is subject to verification. I authorize the City of Casa to conduct any investigation necessary to verify information and arrive at a selection decision.

Read and initial each paragraph below. If there is any part of this page you do not understand, please contact the Community Services Department.

_____ I understand that volunteering at the City of Casa Grande is "at will" meaning that it may be terminated at any time by either party.

_____ I agree to abide by all policies, regulations and guidelines established by the City of Casa Grande.

_____ I acknowledge that I understand that when advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (Americans with Disabilities Act of 1991).

_____ I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility for any volunteer work with the City of Casa Grande and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from the City of Casa Grande process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Casa Grande in providing relevant, job related information that will assist in the process. My signature below acknowledges my understanding and agreement with the above.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

Printed Name