

Last Name:	First Name:	MI:	Date of Application:
<p>Please check all areas of interest for which you would like to volunteer:</p> <p>NOTE: This application is not to be used for Florence Police Department volunteer opportunities. Please contact the Police Department for its specific volunteer application packet.</p>			
<input type="checkbox"/> Youth and Teen Programs		<input type="checkbox"/> Town Manager's Office/Administration	
<input type="checkbox"/> Florence Community Library		<input type="checkbox"/> Fire Department	
<input type="checkbox"/> Special Events		<input type="checkbox"/> Public Works Department	
<input type="checkbox"/> Senior Services – Dorothy Nolan Senior Center		<input type="checkbox"/> Other	



Town of Florence
 Human Resource Department
 P.O. Box 2670 - 775 N. Main St.
 Florence, AZ 85132
 (520) 868-7553
www.florenceaz.gov

Town of Florence 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. Include this sheet when submitting your application.
3. Submit the original, signed application to the Town of Florence, HR Department, P.O. Box 2670, 775 N. Main St., Florence, AZ 85132. Or you may submit the application directly to the department in which you seek to volunteer. Applications are not accepted via e-mail or fax.
4. Your application and all attachments become the property of the Town of Florence 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 Human Resource Department if you have any questions about completing the application or if there is any change to your name, address and/or telephone number.

The Town of Florence is an equal opportunity employer and does not discriminate in hiring for employment or offering volunteering opportunities 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 Town of Florence facilities, offices, and sports facilities.

<p>Where did you learn about this opportunity?</p> <input type="checkbox"/> Newspaper <input type="checkbox"/> Town Webpage <input type="checkbox"/> Town Employee <input type="checkbox"/> Walk-In <input type="checkbox"/> Other
<p>Notes: _____ _____</p>

OFFICE USE ONLY	
Interviewer: _____	Date of Interview: _____
Assignment/Job Title: _____	
Assigned Department: _____	
Immediate Supervisor: _____	
Fingerprinted: _____	Orientation: _____
Start Date: _____	Dates/Times Scheduled to Work: _____
Termination Date: _____ Hours Completed: _____	
Reason for Termination: _____	

PERSONAL DATA

Last Name		First Name		MI	
Mailing Address (Street or P.O. Box)			City		State
Home Phone			Work Phone		Cell Phone
Email Address					
Do you currently or have you ever worked for the Town of Florence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide department and dates:					
Have you volunteered for the Town of Florence before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide department and dates:					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list age:					
Driver's License No. and State				Class:	
Please list other names you have used:					
Emergency Contact:		Relationship:		Contact Information:	

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		Dates of Employment	
Employer			Phone		
Address		Your Title		Dates of Employment	

VOLUNTEER HISTORY

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,)					
Computer Skills: List the computer software with which you are proficient:					
References (Provide name and contact information):					

Date 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 QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. IF THE TOWN OF FLORENCE DETERMINES A CRIMINAL BACKGROUND CHECK IS APPROPRIATE FOR THE TYPE OF VOLUNTEER SERVICE YOU SEEK, YOU WILL BE SCHEDULED FOR A TIME TO BE FINGERPRINTED.

****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 seek to volunteer. 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 later 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" _____
Conviction Details:

CONDITIONS OF CONSIDERATION FOR VOLUNTEER POSITIONS

All information contained on the application is subject to verification. I authorize the Town of Florence 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 Human Resource Department.

_____ I understand that volunteering at the Town of Florence is not employment in any way, and is fully "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 Town of Florence.

_____ 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.

_____ 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 Town of Florence and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from the Town of Florence process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Florence 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

Signature of parent or guardian if under 18 years of age