

City of South Jordan



Return To: 1600 W. Towne Center Drive South Jordan, Utah 84095

Ph: (801) 254-3742 Fax: (801) 253-5214 www.sjc.utah.gov

PROJECT VOLUNTEER APPLICATION

Complete all sections of this application

Event: Assignment:	How did you hear about our volunteer programs? [Check a box below]	Date of Application
	<input type="checkbox"/> South Jordan Employee (name) _____ <input type="checkbox"/> South Jordan Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Website Newspaper <input type="checkbox"/> Other Website <input type="checkbox"/> Other: _____ <input type="checkbox"/> Organized Group _____	

Name (Last, First, Middle) _____

Mailing Address (Street or P.O. Box)	City	State	Zip Code
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E-Mail Address	Day Phone	Mobile Phone
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Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL # _____	Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your own health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____
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Additional Skills & Training
Use this area to list any additional information you think would help us evaluate your application. Include special skills, training, licenses, and certifications that you possess that will aid you in performing the essential job-related functions of the volunteer position you are applying for (i.e.; computer classes, CDL, EMT or Paramedic licensing, cashiering, heavy equipment or landscaping equipment experience.)

Are you at least 16 years old? Yes No (All City volunteers must be a minimum of 16 years old)

EMERGENCY CONTACT

Name	Telephone Number	Address	Relationship

APPLICANT CERTIFICATION

By submitting this application, I hereby authorize South Jordan City to perform a criminal history check, reference checks, employment verification, etc. of any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the volunteer position I am applying for. I release South Jordan City of any liability for use of this information in considering and reviewing my application.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE _____ DATE: _____

OFFICE USE ONLY

Supervisor Signature: _____ Supervisor Name: _____

Human Resources Approval: _____