

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

VOLUNTEER APPLICATION

Complete all sections of this application

Type of volunteer work interested in	How did you hear about our volunteer programs? [Check a box below] <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: _____	Date of Application
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Name (Last, First, Middle)

Mailing Address (Street or P.O. Box)	City	State	Zip Code
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Day Phone	Evening Phone	Mobile Phone
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E-Mail Address

Have you ever worked or volunteered for South Jordan City? <input type="checkbox"/> Yes <input type="checkbox"/> No From: _____ To: _____ Please Explain:	Are you presently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?
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Will your volunteer work be used for credit or fulfillment of a community service or school service learning? Yes No
 Please explain:

Do you have a preferred schedule for volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No How many hours/days are you interested in donating? Hours _____ or Days _____	Please mark the days you would be available to volunteer: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. Approx. times: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
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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 liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Agent: _____
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EDUCATION AND SPECIAL SKILLS

College, University, or Technical College Attended	Location of School (City)	Major/Minor/Field/Degree and Years Attended

Additional Skills & Training

Use this area to list any additional information you think would be help us evaluate your application. Include special skills, training, licenses, and certifications that you possess that will aide 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.)

EMPLOYMENT EXPERIENCE

Please state your current employer. If you wish to elaborate on your experience, a supplemental sheet may be attached. Include military service, if applicable; also include non-paid (volunteer type) employment.

If no previous work experience, check here

Employer		Date: From _____ To _____	
Your Name While Employed		Job Title	
Address (Street)	City	State	Zip
Telephone Number	Supervisor's Name	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

Responsibilities and Duties

Would you like us to keep your employer apprised of your volunteer service and achievement? Yes No

REFERENCES

List the names and telephone numbers of three business/work references that are **not** related to you that know you well and can attest to your character, skill, and dependability.

Name	Profession/Title	Daytime Telephone Number	Years Known
1.			
2.			
3.			

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 e.g., 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 _____