



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 you would like to do:	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: _____ Explain:	Are you presently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?
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Is your volunteer work to be used towards 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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Criminal Background

Have you, since the age of 18, ever been **convicted** of a crime, excluding minor traffic offenses? Yes No
**Criminal conviction is not an absolute bar from volunteering, but it will be considered in relation to specific areas of volunteer needs.*

Have you engaged in illegal use, possession, sale, or transfer of narcotics or illicit drugs during the past 5 years, including receiving a positive drug test or positive workplace related alcohol test? Yes No

Are you now under charges for any offense against the law? Yes No

If yes, please attach additional sheets and give dates, details, and penalties for each occurrence. Please include dates of any probationary periods.

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 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, cashing, 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 abreast 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, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

Badge issued: Yes Date issued: _____

Volunteer orientation date: _____

Disclosure signed: Yes

PAF completed: Yes

HR Copy

Community Services Copy

Risk Management Copy