



FOR OFFICE USE ONLY

Placement: \_\_\_\_\_

Placement Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_

## Town of FOUNTAIN HILLS VOLUNTEER APPLICATION

Name :		
Address:		
City:	State:	Zip:
Home phone:	Cell phone:	
Email address:		
If under 18, age and grade:		

**Please indicate areas of interest:**

<input type="checkbox"/> Administration	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Development Services
<input type="checkbox"/> Save Our Sculptures	<input type="checkbox"/> Park Host	<input type="checkbox"/> Senior Activity Center
<input type="checkbox"/> Art Docent	<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Special Events
<input type="checkbox"/> Community Center	<input type="checkbox"/> IT	<input type="checkbox"/> Give-a-Lift Program
<input type="checkbox"/> Other (please specify): _____		

Please describe any paid or volunteer work experience you have had that may relate to your interest in volunteering for the Town of Fountain Hills.

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Please describe any training or formal education you have had that may assist you in volunteering for the Town of Fountain Hills.

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**In what type of environment would you like to work?**

<input type="checkbox"/> Office/Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> With Children
<input type="checkbox"/> With Older Adults	<input type="checkbox"/> With the public	<input type="checkbox"/> With Youth

**Please check your office skills and/or interest:**

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Copier Use	<input type="checkbox"/> Filing
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**Availability & Times:**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Available</b>							

How many hours per week do you wish to volunteer? \_\_\_\_\_

If you do not want a weekly schedule, what is your preference? \_\_\_\_\_

**Home Delivered Meals (HDM) Availability for year round volunteering:**

Meals are provided to clients 7 days a week, including holidays. Volunteers deliver once a month or as needed, if available. Meal delivery time: 10:45 a.m. – 12:15 p.m.

**Please list a personal reference (unrelated), if under 18 list Emergency Adult contact:**

Name :	Phone:	
Address:		
City:	State:	Zip:

**Give-A-Lift & Home Delivered Meals (HDM) information;  
please provide a copy of driver's license and auto insurance card with application.**

**CONDITIONS**

I fully understand, acknowledge, and agree to the following: The volunteer program is under no obligation to accept all interested volunteers.

Any or all of the following may be required before placement in any sensitive volunteer position:  
(A) Background Investigation (B) Fingerprinting (C) Drug/Alcohol Testing (D) MVD Check

All statements made on this application are true and authorization is given to investigate all matters contained in this application. Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Volunteer Signature:	Date:
Parent/Guardian Signature (if volunteer is a minor):	Date:

**Please return application to:**

Heather Ware, Volunteer Coordinator  
Town of Fountain Hills  
16705 E. Avenue of the Fountains  
Fountain Hills, AZ 85268  
480.816.5108(o)/[hware@fh.az.gov](mailto:hware@fh.az.gov)

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Fingerprint Card \_\_\_\_\_ Driver's License \_\_\_\_\_ Proof of Insurance \_\_\_\_\_  
Central Registry \_\_\_\_\_ Date of Clearance \_\_\_\_\_ HDM \_\_\_\_\_  
Authorization for background check \_\_\_\_\_ Gave HDM packet \_\_\_\_\_