



CITY OF GLENDALE
COMMUNITY VOLUNTEER PROGRAM
VOLUNTEER REGISTRATION - APPLICATION FORM

Date \_\_\_\_\_

Information on this form will help us find the most satisfying and appropriate volunteer projects for you or your group.

I am registering (check one): \_\_\_\_\_ as a group contact person; \_\_\_\_\_ as an individual adult volunteer;
\_\_\_\_\_ as an individual youth volunteer

If group, name of organization/business: \_\_\_\_\_

Contact/individual name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address, if applicable: \_\_\_\_\_ Can you receive attachments? \_\_\_\_\_

Alternate Contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address, if applicable: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

If group, number of volunteers in your group: \_\_\_\_\_ Number of volunteers age 18 or younger: \_\_\_\_\_

Why are you (or your group) interested in volunteer work? \_\_\_\_\_

What volunteer experience do you (or your group) have? \_\_\_\_\_

Do you (or your group members) have training for skilled labor? \_\_\_\_\_ If yes, for what type of work
(ex: roofing, construction, plumbing, electrical): \_\_\_\_\_

Do you (or your group members) have professional licensure for skilled labor? \_\_\_\_\_ If yes, for what type of work
(ex: roofing, construction, plumbing, electrical): \_\_\_\_\_

Do you (or anyone in your group) require special accommodations due to a disability in order to volunteer? If yes, please
explain, so we may consider this in finding suitable volunteer projects: \_\_\_\_\_

There are many types of volunteer projects through the Community Volunteer Program. You will be notified of a wide
range of opportunities, however, the following are possible categories. Please specify which category you or your group
may have an interest.

Neighborhood Clean up/Beautification: \_\_\_\_\_ Park Beautification: \_\_\_\_\_ Home Painting/Repair: \_\_\_\_\_

Trail Building: \_\_\_\_\_ Yard Maintenance: \_\_\_\_\_ Lot Cleanup: \_\_\_\_\_ Other: \_\_\_\_\_

What days/times are you/your group available for volunteer projects? \_\_\_\_\_

Signature of Individual/Group Contact Person

Please return this form to the Community Volunteer Program, 6829 N. 58th Drive, Suite 100, Glendale, AZ 85301 or fax it to
(623) 931-6433. If you have questions, please call (623) 930-2915. Thank you.

Information on this form is considered public record; therefore, certain information may be released to third parties
upon request.