

Volunteer Application



Where Youth and Families Grow Strong and Learn!

Volunteer Information:

Last Name _____ First Name _____ MI _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ - _____ Cell Phone () _____ - _____ Texting Ok? Yes No

Email _____@_____ DOB ____/____/____ Gender M F

Background Information:

Have you ever been convicted of a felony? Yes No **If yes:** Year _____ State _____ Felony Class _____

Please explain the conviction _____

Are you currently on probation or parole for your conviction? Yes No **If yes:** Agency _____

Do you have a DPS Fingerprint Clearance Card? Yes No If yes, what type? Standard Level I

Do you have a current drivers license? Yes No State _____ License# _____ Exp _____

Note: A felony does not automatically disqualify you from approval. Approval is done on a case by case basis. Every volunteer is subject to a background and MVD check.

Other Information:

Do you have reliable transportation? Yes No What languages do you speak? _____

Please list any experience working/volunteering with children: _____

How did you hear about Arizona Facts of Life? _____

What made you decide to volunteer at Arizona Facts of Life? _____

What day(s) and time(s) are you available to volunteer? _____

Are you available to go on multi-day trips with the group(s) if needed? Yes No

Area Of Interest:

Please check the areas that you are interested in potentially volunteering in (check ALL that apply):

Age Groups: Males Females 0-5 6-9 9-12 14-16 17-18 Adults/Parents

Activities: Tutoring Sports Coaching/Assisting Arts & Crafts

Mentoring Fundraising Chaperoning Field Trips

Clerical Work Event Planning Behavioral Health

Other (not listed)) _____

By signing below I acknowledge that all information provided is correct to the best of my knowledge. I authorize Arizona Facts Of Life to perform a background and motor vehicle division check if they deem it necessary. I also understand that falsifying any information on this application may result in my volunteer privileges to be revoked. I understand that finger printing and random drug testing may be required to volunteer.

Signature _____ Date _____

Please submit completed forms to Arizona Facts Of Life, Volunteer Relations at volunteer@azfactsoflife.org

***** FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE *****

Date Received: ____ / ____ / ____ Received by _____ Position _____

Background Check Date: ____ / ____ / ____ DMV Check Date: ____ / ____ / ____

Volunteer Interview Date: ____ / ____ / ____ Interviewed By: _____

Volunteer Status: Accepted Rejected Approved or Rejected by: _____

Reason Rejected: _____

Age Group Assigned To: _____ Department _____

Volunteer Start Date: ____ / ____ / ____ ID Card Issued Date: ____ / ____ / ____

Approved by: _____ Date: ____ / ____ / ____