



**Japanese Friendship Garden
Volunteer Application and Questionnaire
City of Phoenix
Parks and Recreation Department**



JAPANESE
FRIENDSHIP
GARDEN

Volunteers are important to the success of programs and to the City of Phoenix. Your decision to volunteer is greatly appreciated! Please complete this application and submit it to Japanese Friendship Garden. Due to the nature of many of the

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volunteer positions, working with youths and specially challenged individuals; the Garden makes significant efforts to screen volunteers for the safety of the participants and other volunteers.

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

Employer: _____

Job Title: _____

Are you a Student? _____

Year in School: _____

Major: _____

Previous Volunteer Experience: _____

Availability: Hours From / To

| | | | |
|-----------|--|----------|--|
| Monday | | Friday | |
| Tuesday | | Saturday | |
| Wednesday | | Sunday | |
| Thursday | | | |

Can you be available on call? Yes No

Please list any other languages you speak: _____

Please list any special skills you would like to offer: _____

Volunteer Interest: please check all that you are interested in.

| | | | |
|--------------------------|-------------------------------|--------------------------|---|
| <input type="checkbox"/> | Friendship Garden Tour Docent | <input type="checkbox"/> | Docent Art/Graphic Design/Calligraphy |
| <input type="checkbox"/> | Tea Ceremony Docent | <input type="checkbox"/> | Office Helper Assistant Volunteer Coordinator |
| <input type="checkbox"/> | Educational Programs | <input type="checkbox"/> | Newsletter |
| <input type="checkbox"/> | Gift Store Docent | <input type="checkbox"/> | Gardening |
| <input type="checkbox"/> | Special Events | <input type="checkbox"/> | Other |

How did you hear about the Phoenix Japanese Friendship Gardens? _____

What method of transportation do you use? _____

EMERGENCY INFORMATION:

Do you have any allergies, health or physical conditions that may restrict your activities?

Yes No

Please list: _____

Who should we contact in case of an emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Have you ever been convicted of a criminal offense, placed on probation, or given a suspended sentence?

If yes, please explain.

I verify that all information contained herein is true to the best of my knowledge. I consent to having a background check which may include fingerprinting. I understand that all omissions or statements may result in termination of my volunteer work. I will keep the Park and Recreation Department advised of changes in my address or phone number.

Signature _____

Date: _____

Thank you for your interest in joining over 20,000 fellow Volunteers supporting the City of Phoenix Parks and Recreations Department as well as the Phoenix Japanese Friendship Garden!

Please mail completed form to: Japanese Friendship Garden, 2700 N. 15th Ave., Phoenix, AZ 85007

For additional information, please call (602) 256-3204

Fax (602) 495-5557

Office Use Only:

| | | | |
|--|---------------------------|--|------------------------------|
| | Date application received | | Orientation |
| | Date of JFG responses | | Handbook – Docent Tour Guide |
| | Date of interview | | Docent / Training |
| | Database | | Schedule / Time Sheet |
| | | | Uniform |
| | Separation Date | | Evaluation |