# Community Outreach Volunteer Application

Santa Rosa Fire Department  
2373 Circadian Way, Santa Rosa, CA 95407-5439  
Tel. (707) 543-3549  Fax (707) 543-3520

## Contact Information

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City ST ZIP Code</td>
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<tr>
<td>Home Phone</td>
<td>Best way to reach me #____ (rank order)</td>
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<tr>
<td>Cell Phone</td>
<td>Best way to reach me #____ (rank order)</td>
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<tr>
<td>Work Phone</td>
<td>Best way to reach me #____ (rank order)</td>
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<tr>
<td>E-Mail Address</td>
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## Availability

During which hours are you available for volunteer assignments?

- [ ] Weekday mornings  
- [ ] Weekday afternoons  
- [ ] Weekday evenings  
- [ ] Weekend mornings  
- [ ] Weekend afternoons  
- [ ] Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering. Check as many as you’re interested in.

- [ ] Public Events  
- [ ] Field Work  
- [ ] Filing and Copying  
- [ ] Volunteer Coordination  
- [ ] Ham Radio Operator (AECS)  
- [ ] Outreach to Senior Groups  
- [ ] Outreach to Schools/Youth Groups  
- [ ] Remembering When Presentations  
- [ ] Special Events

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, education, foreign or sign language, previous volunteer work, or through other activities, including hobbies or sports.
### Education and Skills
Summarize your education and other skills

<table>
<thead>
<tr>
<th>Education:</th>
<th>☐ Current HS Student</th>
<th>☐ High School Grad</th>
<th>☐ College</th>
<th>☐ 2 yr</th>
<th>☐ 4 yr</th>
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</thead>
</table>

Vocational School (list):

Foreign/Sign Languages (list):

Typing ☐ WPM

Computer Experience (describe):

### Previous Volunteer Experience
Summarize your current or previous volunteer experiences

<table>
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<tr>
<th>Title</th>
<th>Company/Organization</th>
<th>Duties</th>
<th>How Long?</th>
</tr>
</thead>
</table>

### References
Provide 3 references (2 of which must be professionally related)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Company/Organization</th>
<th>How Long Known?</th>
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### Transportation
Do you Drive? ☐ Yes ☐ No
Do you have auto insurance? ☐ Yes ☐ No
If you don’t drive, how will you reach your volunteer job?

Have you been put on probation or has your driver’s license been suspended or revoked in the last 5 yrs? ☐ Yes ☐ No
If yes, please explain:

### Person to Notify in Case of Emergency

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize the City to perform a background check as necessitated by the volunteer position for which I am applying. I do hereby release, waive, discharge and relinquish City of Santa Rosa and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the volunteer activity, whether same shall arise by their negligence or otherwise. Furthermore, I warrant that I am in good health and have no physical condition that would prevent me from volunteering in this capacity.

| Name (printed) |  |
| Signature |  |
| Date |  |

City of Santa Rosa Volunteer Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with the SRFD. We will be in contact with you in the near future.
SUPPLEMENTAL QUESTIONNAIRE

Do you have a valid Drivers License?
Yes _____ No _____

Driver’s License Number

CDL?
Yes _____ No _____

If not CDL – which state?

Classification (circle)
A
B
C

List any endorsements:

In the past three years, have you had any minor and/or major traffic offenses that resulted in your paying a fine and/or receiving a conviction?
Some examples include: speeding, reckless operation, hit-and-run, D.U.I., moving and non-moving violations, texting etc.

Yes _____

No _____

If you answered “Yes”, please provide information about the traffic offense(s):

<table>
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<tr>
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I hereby certify that all statements contained herein are true to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligible list, or discharge from volunteer service. I understand that this information is subject to verification with my former employers.

________________________________________
Printed Name

________________________________________
Signature

________________________________________
Date
NAME: ____________________________________________________________

Last       First       M.I.

DRIVER’S LICENSE NUMBER: ____________________________________________

STATE of ISSUANCE: ________________________________________________

ISSUE DATE: _______________________________________________________

DATE OF BIRTH: ____________________________________________________

EXPIRATION DATE: _________________________________________________

CLASS (circle): A  B  C

ENDORSEMENTS: ____________________________________________________

SOCIAL SECURITY NUMBER: __________________________________________

I hereby certify that the information provided above is true and correct.

_______________________________________________________________
Signature

_______________________________________________________________
Date