



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

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | Best way to reach me # ____ (rank order) |
| Cell Phone | Best way to reach me # ____ (rank order) |
| Work Phone | Best way to reach me # ____ (rank order) |
| E-Mail Address | |

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Public Events | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Outreach to Schools/Youth Groups |
| <input type="checkbox"/> Field Work | <input type="checkbox"/> Ham Radio Operator (AECS) | <input type="checkbox"/> Remembering When Presentations |
| <input type="checkbox"/> Filing and Copying | <input type="checkbox"/> Outreach to Senior Groups | <input type="checkbox"/> 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

Education: Current HS Student High School Grad College 2 yr 4 yr

Vocational School (list):

Foreign/Sign Languages (list):

Typing WPM

Computer Experience (describe):

Previous Volunteer Experience

Summarize your current or previous volunteer experiences

| Title | Company/Organization | Duties | How Long? |
|-------|----------------------|--------|-----------|
|-------|----------------------|--------|-----------|

References

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

| Name | Phone | Company/Organization | How Long Known? |
|------|-------|----------------------|-----------------|
|------|-------|----------------------|-----------------|

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

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Cell Phone | |
| Work Phone | |
| E-Mail Address | |

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? <i>Some examples include: speeding, reckless operation, hit-and-run, D.U.I., moving and non-moving violations, texting etc.</i> | | | | Yes _____ No _____ |

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

| Offense | Date |
|---------|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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, ore discharge from volunteer service. I understand that this information is subject to verification with my former employers.

Printed Name

Signature

Date

**CITY OF SANTA ROSA FIRE DEPARTMENT
DRIVER'S LICENSE REQUEST FOR INFORMATION**

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