

**SAN DIEGO COUNTY FIRE AUTHORITY
VOLUNTEER APPLICATION**

Please print legibly or type in black ink. Attach copies of all applicable certificates.

POSITION

I am applying for the volunteer position(s) of (check each job title(s) you would like to be considered for):

Administrative Support Firefighter Emergency Medical Service Provider Water Tender Driver

I am at least 18 years of age

I have previously submitted an application at (Indicate location/agency):

I have been a volunteer administrative/firefighter/emergency medical service provider/water tender driver before at (Indicate location/agency):

I am interested in an assignment at (Indicate location/agency):

I am willing to travel to cover stations outside my community

I am only interested in providing local community services

PERSONAL INFORMATION

Name:

Current Address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

Email:

CURRENT EMPLOYMENT

Current Employer:

Dates:

Position(s) Held:

Supervisor:

Duties Performed:

Employer Address:

City:

State:

ZIP Code:

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Phone:	Fax:
Email:	
EDUCATION	
High School Graduate [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	GED - [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Years In College:	Degree:
CERTIFICATIONS & TRAINING	
CPR Card: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Expiration Date:
First Responder/Title 22: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Expiration Date:
EMT: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Number:
Paramedic: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Expiration Date:
State Fire Marshall Training/Firefighter I: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Number:
State Fire Marshall Training/Volunteer Firefighter: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Location Attended:
HAZMAT First Responder Operational: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Location Attended:
Company Officer Training: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Location Attended:
Driver License: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Class:
Driver Operator Training: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Location Attended:
Other Relevant Training:	

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PREVIOUS EMPLOYMENT

Please list **all** of your employment activities for the last 5 years. **Include all previous volunteer experience of any kind.** Provide occupation, employer name, dates of employment, name of last supervisor, supervisor phone number, and **reason for leaving**. Use additional sheets as necessary.

Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		
Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		
Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		
Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		

