



# Phoenix Fire Department Volunteer Application



Program Applying For:

Cadet  
Community Assistance  
EMT (CR Unit)  
Behavioral Health (CR Unit)  
Internship/Practicum

Intern  
Community Emergency Response Team  
Other \_\_\_\_\_

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## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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## Education

School Name City & State	Dates Attended		No. of Semester or Credit Hours Earned	Course Title or Major Field	Degree or Certificate
	From	To			

Do you have any criminal convictions (other than parking violations) and juvenile offenses)? If so, give details below. Describe when, where and disposition of case. For most jobs, convictions will not automatically be grounds for disqualification from consideration. Relationship to job will be considered.

Yes                      No

List any details.



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## Job Experience

Most Recent Job	Employer	Address			Phone
	Dates From / To	Total Time	Full-Time	Part-Time	Hours Per wk

Job Title & Description:

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No. Supervised

2 <sup>nd</sup> Most Recent Job	Employer	Address			Phone
	Dates From / To	Total Time	Full-Time	Part-Time	Hours Per wk

Job Title & Description:

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No. Supervised

3 <sup>rd</sup> Most Recent Job	Employer	Address			Phone
	Dates From / To	Total Time	Full-Time	Part-Time	Hours Per wk

Job Title & Description:

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No. Supervised



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## Volunteer Experience

<b>Most Recent Volunteer Experience</b>	Agency	Address		Phone
	Dates From / To	Total Time	Hours Per Month	Supervisor's Name

Describe Duties:

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Check here if we may contact them.

<b>Prior Volunteer Experience</b>	Agency	Address		Phone
	Dates From / To	Total Time	Hours Per Month	Supervisor's Name

Describe Duties:

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Check here if we may contact them.

## Personal References

Name of Reference	Length of Time Known		Relationship (if any)	Address	Phone Number
	From	To			

**Read this application and your answers carefully before signing below.**

I hereby certify that all the statements contained here and on any attachments are true to the best of my knowledge and I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from any city of Phoenix eligible list or discharge from the Phoenix Fire Department's Volunteer Program. I understand the Fire Department may conduct probable cause drug testing. I understand that the city of Phoenix has the right to search personal vehicles and lockers on city property for probably cause. It is my responsibility to keep the Program Office advised of any changes to my address or telephone number(s). I authorize reference checks and verification of information submitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Phoenix does not discriminate on the basis or race, religion, sex, age, disability, national origin or sexual orientation. All individuals are encouraged to apply for opportunities within the City of Phoenix.