

**SAMOA PENINSULA FIRE DISTRICT
 1982 GASS STREET
 FAIRHAVEN, CA 95564
 (707) 443-9042**

VOLUNTEER APPLICATION

Applicant's Name (<i>Last</i>)	(<i>First</i>)	(<i>M.I.</i>)
Address (<i>Number and Street</i>)	(<i>City</i>)	(<i>State</i>) (<i>Zip Code</i>)
Telephone (<i>Home</i>)	(<i>Other</i>)	
E-Mail Address	Social Security No.	

Please answer the following questions:

- | | | |
|---|-----|----|
| 1. Do you meet the minimum age requirement of 18 years? | Yes | No |
| 2. Do you possess a high school diploma or GED? | Yes | No |
| 3. Do you possess a valid California Driver License? | Yes | No |
| a. License #: _____ Class: ____ Restrictions: _____ | | |
| 4. Are you willing to be on call at all hours when at home? | Yes | No |
| 5. Have you ever: (If "YES", please give details in Area C below.) | | |
| a. Been dismissed or terminated from a position for performance or other disciplinary reason? | Yes | No |
| b. Been convicted by any court of a felony? | Yes | No |
| c. Explanations: | | |

(If more space is required, please attach additional sheets.)

6. Which position are you applying for? Volunteer Resident Community Volunteer

Education:

University, College, or Trade School -- Name and Location	Major	Units Completed	Diploma, Degree, or Certificate Obtained	Date Completed

Training:

A. Certification Courses

	Yes	No	Date Completed
1. CPR	Yes	No	_____
2. First Aid	Yes	No	_____
3. Emergency Medical Technician	Yes	No	_____
4. State Fire Marshall Fire Fighter I	Yes	No	_____
5. Haz-Mat First Responder Operational	Yes	No	_____
6. Other _____	Yes	No	_____

Employment History:

From (M/D/Y):	To (M/D/Y):	Job Title:
Hours per week:	Total Worked (Months):	Company Name:
Address:		Supervisor/Telephone:

From (M/D/Y):	To (M/D/Y):	Job Title:
Hours per week:	Total Worked (Months):	Company Name:
Address:		Supervisor/Telephone:

References:

Name:	Relationship:
Address:	
Phone:	E-mail:

Name:	Relationship:
Address:	
Phone:	E-mail:

Additional Information:

A. Volunteer Experiences

B. Hobbies/Interests

C. Attach any additional information if necessary (e.g. resume, certificates, etc.).

I understand that if I am selected as a volunteer, any misrepresentation or material omission made by me on this application will be sufficient cause for discharge from service.

I give the SAMOA PENINSULA FIRE DISTRICT the right to contact and obtain information from all references, employers, and educational institutions in order to verify the accuracy of the information contained in this application. I hereby release from liability the fire district and its representatives for gathering and using such information and all others furnishing such information.

The SAMOA PENINSULA FIRE DISTRICT does not unlawfully discriminate in the selection process and no question on this application is used for the purpose of limiting or excusing any applicant from consideration as a volunteer as a basis prohibited by local, state, or federal law.

Signature of Applicant

Date
