# VOLUNTEER APPLICATION CITY OF ESCONDIDO 

Fire Department
1163 N．CENTRE CITY PKWY．
ESCONDIDO，CA 92026
760－839－5419
www．fire．escondido．org

PERSONAL INFORMATION
Date： $\qquad$

Name： $\qquad$

Address：

| （Number and Street） | （City） | （State） | （Zip） |
| :--- | :--- | :--- | :--- |

Phone Number：Home $\qquad$ Cell： $\qquad$
Email Address： $\qquad$

Do you have a valid CA driver＇s license？YES $\square \quad N O \square$ Class： $\qquad$ Number： $\qquad$ Expiration Date： $\qquad$
Have you ever been convicted of a crime？YES $\square \quad N O \backsim$ If yes，please explain；
与 Support Volunteer
乌 CERT Volunteer
与 Emergency Management Intern
与 Fire Prevention Volunteer／Intern
乌 Fire Administration Volunteer／Intern

Please indicate the days and times you are available to volunteer．

|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |

What skills and abilities will you bring to the Fire Department? $\qquad$
$\qquad$
$\qquad$

Emergency Contact Name/Relationship $\qquad$ Phone: $\qquad$

We will contact you to interview and match your interests with the appropriate dept.

Please return your application to: City of Escondido - Attn: Fire Department<br>1163 N. Centre City Pkwy, Escondido, CA 92026 or scan and email to fireadmin@escondido.org

## Official Use Only

$\square$ Interviewed on $\qquad$ By: $\qquad$
$\square$ Livescan Completed on: $\qquad$

