

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:			
Name:				
(Last)	(First)	(MI)		
Address:				
(Number and Street)	(City) (State)	(Zip)		
Phone Number: Home Email Address:				
Do you have a valid CA driver's license? Class:Number:	YES NO Expiration Date:			
Have you ever been convicted of a crime? If yes, please explain;	YES NO			

C Support Volunteer

CERT Volunteer

Emergency Management Intern
Fire Prevention Volunteer/Intern

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 v	/ou brin	g to th	ne Fire	Department?	
vvnat	21112	ana	abilities	vv i i i y		BUUT		Department	

Emergency Contact Name/Relationship ______ Phone: _____

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 1163 N. Centre City Pkwy, Escondido, CA 92026 or scan and email to <u>fireadmin@escondido.org</u>

Official Use Only				
Interviewed on	_By:			
		Name	Title	
Livescan Completed on: _				