



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 _____ Cell: _____

Email Address: _____

Do you have a valid CA driver's license? YES NO
Class: _____ Number: _____ Expiration Date: _____

Have you ever been convicted of a crime? YES NO
If yes, please explain;

- 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							

Emergency Contact Name/Relationship _____

Phone: _____

We will contact you when we match your interests with the appropriate department.

Please return your application to:

City of Escondido – Attn: Fire Department

1163 N. Centre City Pkwy,

Escondido, CA 92026

or scan and email to

fireadmin@escondido.org

Official Use Only

Interviewed on _____ By: _____
Name Title

Livescan Completed on: _____