

Volunteer Application
CAPITAL CITY FIRE/RESCUE



Full Name: _____

Goes By: _____

Date of Birth: [___ / ___ / ___]

Gender: _____

Mailing Address: _____

Physical Address: _____

Phone: (____) ____ - _____

E-mail: _____

Driver's License #: _____

Expiration Date: [__ / __ / __]

Vehicle License #: _____ Make: _____ Model: _____ Color: _____

Occupation: _____

Employer: _____

Resident of CBJ since: _____

Marital Status: _____

Partner's Name: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: (____) ____ - _____

Email: _____

Physical Address: _____

Dependents

Name: _____

Relationship: _____

Date of Birth: [__ / __ / __]

Gender: _____

Name: _____

Relationship: _____

Date of Birth: [__ / __ / __]

Gender: _____

Name: _____

Relationship: _____

Date of Birth: [__ / __ / __]

Gender: _____

Have you ever been convicted of a misdemeanor? [___] Yes* [___] No

*If yes, please explain: _____

Have you ever been convicted of a felony? [___] Yes* [___] No

*If yes, please explain: _____

** Please submit certificates of any listed certifications*

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Are you currently in the process of an indictment or court action? Yes* No

*If yes, please explain: _____

Have you ever been served with a restraining order or any other order to prevent your contact with another person? Yes* No

*If yes, please explain: _____

Please provide **three (3)** references with phone and email:

Name: _____ Phone: (____) ____ - _____ Email: _____

Name: _____ Phone: (____) ____ - _____ Email: _____

Name: _____ Phone: (____) ____ - _____ Email: _____

Please provide **two (2)** letters of reference.

These may be the same as two of the above references, but should be individuals who can speak to your experience in a professional capacity (i.e. teacher, supervisor, volunteer coordinator, etc.).

If accepted into the Volunteer Program, what areas are you interested in?

Fire EMS Special Teams (Rope and/or Water Rescue)

Any prior Fire or EMS experience: _____

Current Fire or EMS certifications*, if any: _____

I hereby certify that all of the information made on, or in connection with, this application is true and complete to the best of my knowledge and belief, and that I have not knowingly withheld any fact or circumstance. I Understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of application, removal from eligible lists, and discharge from volunteer status with Capital City Fire/Rescue.

Applicant Signature: _____ **Date:** [__ / __ / __]

* Please submit certificates of any listed certifications