



Surprise Fire-Medical Dept  
 Volunteer Division  
 14250 W. Statler Plaza, Ste. 101  
 Phone: 623-222-5000  
 Fax: 623-222-5001



**SURPRISE FIRE-MEDICAL DEPT VOLUNTEER APPLICATION**

**NAME:** Last \_\_\_\_\_ **First** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**PHONE:** Home \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**WHAT AREAS ARE YOU INTERESTED IN VOLUNTEERING? (Please check all that apply)**  
**FIRE DEPARTMENT**

- Crisis Response
- Lock Box Program
- Car Seat Technician
- Fire Prevention
- Community Affairs Volunteer
- Emergency Services Admin. Assistant
- Office Assistant
- Fire Inspector
- Other \_\_\_\_\_

**WHEN ARE YOU AVAILABLE TO VOLUNTEER?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

**MONTHS YOU ARE AVAILABLE:** \_\_\_\_\_

**WHAT SPECIAL INTERESTS, HOBBIES, SKILLS/TRAINING WOULD YOU LIKE TO SHARE?**  
 \_\_\_\_\_

**PRIOR VOLUNTEER EXPERIENCE:** \_\_\_\_\_

How did you become interested in our volunteer program?

- Brochure
- General Awareness
- Volunteer Referral
- Community Event
- Newspaper
- Volunteer Bureau/Organizations
- Friend Referral
- Other

Do you have transportation to and from your volunteer job? YES or NO

Do you have any request for reasonable accommodations in order to perform your volunteer duties? YES NO

**EMPLOYMENT EXPERIENCE:** Are you presently employed? (Check as many as apply)

- Employed Full Time
- Employed Part Time
- Unemployed
- Retired
- Student

**EMPLOYER IF CURRENTLY EMPLOYED:**

Company Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Duties: \_\_\_\_\_

**EDUCATION:** High School Diploma or GED: YES \_\_\_\_\_ NO \_\_\_\_\_  
College or University \_\_\_\_\_ Major \_\_\_\_\_ Degree Earned \_\_\_\_\_  
Graduate Studies \_\_\_\_\_ Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please Read The Following Terms Carefully. You Are Agreeing To Them When You Sign Below.**

I fully understand, acknowledge and agree to the following:

1. The City of Surprise is under no obligation to select me to serve as a volunteer and may decline to select me in its sole discretion. I will not begin to serve as a volunteer until advised by the City that I have been approved to so serve.
2. The City is under no obligation to allow me to continue to serve as a volunteer and may terminate my service as a volunteer at any time in its sole discretion. I will immediately discontinue service as a volunteer when requested to do so by the City.
3. The City of Surprise is authorized to take my fingerprints and to submit my fingerprints to and obtain from the Arizona Department of Public Safety a criminal history report regarding me. The City is under no obligation to share such report with me. It may use the results of that report in determining whether it is in the best interests of the City to select me to serve as a volunteer or to terminate my service as a volunteer. I agree to provide my fingerprints as often as the City may require.
4. I have been convicted of the following crimes (list any and all criminal convictions whether a felony, misdemeanor or petty crime in Arizona or anywhere else. (If none, print NONE). Note: You do not need to list civil traffic infractions.  
\_\_\_\_\_  
\_\_\_\_\_
5. I have the following criminal charges pending against me in Arizona or anywhere else (if none, print NONE):  
\_\_\_\_\_  
\_\_\_\_\_
6. The information I have provided in this application is true, accurate, and complete. I understand, acknowledge, and agree that the City will not allow me to serve as a volunteer and may terminate my service as a volunteer, if selected, if the information I provide the City is inaccurate, incomplete or inconsistent with the information the City receives from the Arizona Department of Public Safety. Should I be charged or convicted of a crime anywhere while serving as a volunteer for the City I will immediately notify the City Human Resources Department of the charge and/or conviction in writing.
7. It is a crime (class 2 misdemeanor) under A.R.S. 13-2704.A.1 to knowingly make any statement which I believe to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license. The information I have provided in this application or in any supplement to this application about my identity, pending criminal charges and/or record of criminal convictions involve material issues in connection with my application for the privilege of serving the City as a volunteer. The City is relying on the truthfulness, accuracy, and completion of this information in deciding whether to select me as a volunteer and to continue my service as a volunteer.
8. Must be able to stand for long periods of time, have the ability to drive (day or night), and can lift a minimum of 30 lbs.

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please Return To**  
Surprise Fire-Medical Dept  
Crisis Response Volunteer Program  
14250 W. Statler Plaza Blvd. Ste. 101  
Surprise, AZ 85374  
623-222-5040

**Office Use:**  
Date Received: \_\_\_\_\_  
Interviewed: \_\_\_\_\_  
Approved to Serve: \_\_\_\_\_  
Entered into Database: \_\_\_\_\_  
Completed Orientation: \_\_\_\_\_