Crisis Response Volunteer Application

Date of Application:

Last Name: First Name:

Address: Apt.#:

City: State: Zip:

Home #: Cell #: Work #:

Email Address:

Emergency Contact: Phone #:

Previous Volunteer Experience:

Special Skills, Training and Hobbies:

Work Experience:

Education: ◯ High School/GED ◯ College

Name of School and Degree

How did you hear about the Peoria Fire Departments Crisis Response Program?

Have you ever been arrested and/or convicted of a felony or misdemeanor?

If yes, please explain:

Date of Birth:

AZ Drivers License/ID Number:

Do you have medical insurance?:

The Crisis Response Program (CR), will run two shifts per day. Please indicated below the shift and days that will accommodate your schedule. We do ask that each volunteer completes two shifts per month.

8:00AM ~ 6:00PM

6:00PM ~ 12:00AM

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

I understand that for security reasons a basic background check will be conducted and I will be fingerprinted. Additional background information, including a polygraph, may be requested if a specific volunteer assignment calls for a thorough security check.

I hereby release you, your agency, or others from liability or damage which may result from furnishing the information requested.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the volunteer program.

Signature: _____

Date: _____

Please return completed form to:
City of Peoria Fire Department
Attention: Volunteer Coordinator
8351 W. Cinnabar Street
Peoria, AZ 85345

Or by email:
tim.eiden@peoriaaz.gov

We thank you for your interest the Crisis Response Program.

Serving with Strength, Honor and Compassion