



Return Application To:
Attn: Volunteer Coordinator
City of Peoria Fire Department
8351 W Cinnabar Street
Peoria, AZ 85345

CITY OF PEORIA
FIRE DEPARTMENT
VOLUNTEER APPLICATION

DATE OF APPLICATION _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ APT# _____ CITY _____
ZIP _____

HOME PHONE _____ WORK _____

EMERGENCY
CONTACT _____

PREVIOUS VOLUNTEER
EXPERIENCE: _____

SPECIAL SKILLS, TRAINING,
HOBBIES _____

WORK
EXPERIENCE _____

EDUCATION: High School Diploma/GED: Yes _____ No _____
College: Name of School _____ Degree Received _____

TYPE OF VOLUNTEER WORK
DESIRED _____



Return Application To:
Attn: Volunteer Coordinator
City of Peoria Fire Department
8351 W Cinnabar
Peoria, AZ 85345

Please complete both pages

PERSONAL REFERENCES (Persons not related to you)

Name	address	phone	years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Hours Available

On _____
Mon Tue Wed Thu Fri Sat Sun

How Did You Hear about the Peoria Fire Departments Volunteer Program?

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

Yes _____ No _____

If yes, please

Explain: _____

Date of Birth: _____

AZ Driver's License/ID Number: _____

Do you have medical insurance? Yes _____ No _____

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 _____