

SAN DIEGO COUNTY FIRE AUTHORITY VOLUNTEER APPLICATION

Please print legibly or type in black ink. Attach copies of all applicable certificates.

POSITION		
<input type="checkbox"/> I am at least 18 years of age		
<input type="checkbox"/> I have previously submitted an application at (Indicate location/agency):		
<input type="checkbox"/> I have been a volunteer firefighter before at (Indicate location/agency):		
I am interested in an assignment at (Indicate location/agency):		
<input type="checkbox"/> I am willing to travel to cover stations outside my community		
<input type="checkbox"/> I am only interested in providing local community services		
PERSONAL INFORMATION		
Name:		
Current Address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	
Email:		
CURRENT EMPLOYMENT		
Current Employer:		Dates:
Position(s) Held:		Supervisor:
Duties Performed:		
Employer Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:		
EDUCATION		
High School Graduate	[] Yes [] No	GED - [] Yes [] No
Years In College:		Degree:
CERTIFICATIONS & TRAINING		
CPR Card: [] Yes [] No		Expiration Date:
First Responder/Title 22: [] Yes [] No		Expiration Date:
EMT: [] Yes [] No	Number:	Expiration Date:
Paramedic: [] Yes [] No		Number:
State Fire Marshall Training/Firefighter I: [] Yes [] No		Location Attended:
State Fire Marshall Training/Volunteer Firefighter: [] Yes [] No		Location Attended:
HAZMAT First Responder Operational: [] Yes [] No		Location Attended:
Company Officer Training: [] Yes [] No		Location Attended:
Driver License: [] Yes [] No		Class:
Driver Operator Training: [] Yes [] No		Location Attended:
Other Relevant Training:		

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PREVIOUS EMPLOYMENT

Please list **all** of your employment activities for the last 5 years. **Include all previous volunteer experience of any kind.** Provide occupation, employer name, dates of employment, name of last supervisor, supervisor phone number, and **reason for leaving**. Use additional sheets as necessary.

Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		
Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		
Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		
Previous Employer:			Dates:		
Position Held:			Supervisor:		
Reason For Leaving:					
Duties Performed:					
Employer Address:					
City:		State:		ZIP Code:	
Phone:			Fax:		

