



CHANDLER FIRE, HEALTH & MEDICAL DEPT. VOLUNTEER APPLICATION

NAME: _____ **DOB:** _____
 Last First MI mo. / day / year

ADDRESS: _____
 Street City State Zip Code

PHONE: _____
 Home: (xxx) xxx-xxxx Work: (xxx) xxx-xxxx Cell: (xxx) xxx-xxxx

DRIVER'S LICENSE: _____
 Number State Expiration Date

EMAIL ADDRESS: _____

Do you have current automobile insurance? Yes No

Are you a U.S. Citizen? Yes No Are you 21 years of age or older? Yes No

AREA OF INTEREST: Smoke Alarm Installations Smoke Alarm/Water Safety Walks Office/Clerical

Fire Safety Education Community Events Child Passenger Safety (Car Seat Installs)

Other (Please specify) _____

Personal interests and/or special skills (such as fluency in other languages): _____

Please describe personal strengths/positive attributes that you will bring to our team environment: _____

EDUCATION:

School Name (High School/College) City & State	Dates attended From/To	No. of Semester or Credit Hours Earned	Diploma, Degree, or Certificate

List certificates, licenses, and/or professional registrations obtained (with dates): _____

EMPLOYMENT:

Employment status? Full-time Part-time Unemployed Retired Student

Current/Previous Employer Name: _____

Position/Title: _____ Dates of employment: ____/____

Employer Address: _____ City: _____ State ____ Zip: _____

Phone: _____ May we contact your employer for a reference? Yes No

Duties/Responsibilities: _____

VOLUNTEER EXPERIENCE:

Please list any volunteer experiences, special training, internships, and/or special areas of study or research: _____

Please feel free to include a resume with your application if you so desire.

BACKGROUND INFORMATION:

The City of Chandler conducts a background investigation of criminal history. Convictions will not automatically be grounds for disqualification from consideration. Relationship to job will be considered. The Department is under no obligation to accept all interested volunteers. ***Failure to answer truthfully may result in disqualification or dismissal from the Chandler Fire, Health & Medical Department's volunteer programs.***

Have you ever been arrested or convicted of a crime, including any conviction that was later set aside or expunged? Yes No

Do you have any pending charges or proceedings? Yes No

Describe in detail including dates, times, and disposition of case. _____

PERSONAL REFERENCES:

Name of Reference	Relationship	Time known	Address	Phone Number

HOURS AND AVAILABILITY:

Please indicate all days you are available to work on a regular basis and fill in the times you can be available each day.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please review this application carefully before signing below.

STATEMENT OF ACCOUNTABILITY AND CONSENT:

By signing this application form, I certify that all information is true to the best of my knowledge, and any omissions or misrepresentations will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I give the City of Chandler Fire, Health & Medical Department authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the Fire, Health & Medical Department advised about any changes of address or phone number. I agree to obey all rules and procedures established by the City of Chandler Fire, Health & Medical Department, and understand that being a volunteer means I have made a commitment to the Department. I further understand that I am a volunteer and therefore not entitled to any benefits which are provided to employees of the City of Chandler, and that I will be fulfilling job responsibilities without receiving a salary or hourly wage. I will assume all risks and/or hazards associated with participation as a volunteer and do hereby agree to hold harmless the City of Chandler and/or its employees.

Signature: _____ Date: _____

For questions or additional information, please contact:

Debbe Simpkins, Management Analyst
Phone: 480-782-2124
E-mail: deborah.simpkins@chandleraz.gov

Your application can be submitted using one of the following methods:

Mail: Chandler Fire, Health & Medical Department
Attn. Debbe Simpkins, Management Analyst
P.O. Box 4008, M.S. 801
Chandler, AZ 85244-4008

Hand Delivery: Chandler Fire, Health & Medical Department
151 E. Boston St.
Chandler, AZ 85225

(The building is open Monday through Friday from 8:00 AM to 5:00 PM except holidays.)

FAX: 480-782-2125
(Please be sure to send your FAX to the attention of Debbe Simpkins, Management Analyst.)

E-Mail: deborah.simpkins@chandleraz.gov