**East Side Fire District**

**Volunteer Information**

**Opportunities of Interest:**

Firefighter \_\_\_\_\_\_ Firefighter Helper \_\_\_\_\_\_ EMT\_\_\_\_\_\_ Other\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last Name) (First) (M.I.) (Spouse’s Name)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Number, street, city, state, zip code)

Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment address:

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Smartphone? Type: iPhone or Android

 (Verizon, AT&T, etc) (circle one)

Present and/or previous occupations:

If licensed to practice a profession, please list profession and state in which licensed:

List previous experiences that would be helpful in working in the Public Service Field:

 Activity Organization Date

List any skills, hobbies, or interests you have that might be helpful in your volunteer work:

Are you an Idaho licensed driver? \_\_\_ Yes \_\_\_ No Driver’s License #:

# Medical Information

Volunteer’s Date of Birth:

Is it necessary for you to limit your physical activity in any way? \_\_\_ Yes \_\_\_ No

If “Yes” what is/are you limitations?

Family Doctor:

 (Name and location)

 Phone number:

**- - - - - - - - - - - - - - - - - - - - - - - -**

# In the event of a personal emergency, who should be notified?

Name: Relationship:

Address: Phone:

Name: Relationship:

Address: Phone:

**Availability**:

 \_\_\_ Daytime \_\_\_ Weekdays \_\_\_ Daily

 \_\_\_ Evenings \_\_\_ Weekends \_\_\_ Weekly

 \_\_\_ Monthly

What hours?

Would you be willing to serve in time of disaster? \_\_\_ Yes \_\_\_ No

I have never been convicted of a crime and have had no moving motor vehicle violations during the previous 12 months. I understand that a background check may be required. The above information is voluntarily supplied and may be used and disclosed for volunteer purposes. I understand that as a volunteer I will not be paid for my services.

 Signature Date