



Police and Fire: The Fallen Heroes

VOLUNTEER APPLICATION

(see below to submit)

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ ZIP Code: _____ Work Phone: _____

E-mail: _____ Preferred Phone: Home Cell Work

Employer: _____ OK to call you at work? Yes No

Occupation: _____ Employer City: _____

Does your employer offer a workplace giving program? Yes No

Date of Birth: _____ Gender: Male Female Gender Neutral

How did you first hear about **Police and Fire: The Fallen Heroes**?

- Public Event Friend Television Radio Newspaper
 Web Site E-mail Police Officer or Fire Fighter Staff Member
 Previous volunteer with **Police and Fire: The Fallen Heroes** (dates): _____
 Other: _____

Are you able to commit at least 8 hours per month to **Police and Fire: The Fallen Heroes**? Yes No

Are you able to make a 6-month commitment to **Police and Fire: The Fallen Heroes**? Yes No

Are you volunteering to fulfill a community service requirement? Yes No

If so, how many hours do you need to fill? _____ Required completion date: _____

Have you ever volunteered for any charitable organization before? Yes No

If so, organization name and location: _____

Volunteer position/responsibilities: _____

Have you ever been convicted of a felony? Yes No

Additional languages spoken and fluency level: _____

Do you have any physical or other limitations that we should be aware of in order to make your volunteer time with us as comfortable, beneficial, and rewarding as possible? Yes No

If yes, please describe: _____

What skills /experiences do you wish to share with **Police and Fire: The Fallen Heroes**? (check all that apply)

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Event Assistant | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> General Office Work | <input type="checkbox"/> Grant Application Writing | |
| <input type="checkbox"/> Janitorial /Maintenance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Photography | |
| <input type="checkbox"/> Sales / Presentations | <input type="checkbox"/> Training | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Other: _____ | | | |

Specific areas of interest or projects that you would like to work on with **Police and Fire: The Fallen Heroes**: _____

Microsoft Office / Computer Proficiencies (check all that apply)

- | | | | | |
|---------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Access | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Excel | <input type="checkbox"/> Illustrator | <input type="checkbox"/> InDesign |
| <input type="checkbox"/> Photoshop | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Publisher | <input type="checkbox"/> Word | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Other: _____ | | | | |

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Your Medical Insurance Carrier: _____

Policy Number: _____

Known medical conditions, allergies, etc: _____

For Official Use Only: