



**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: