



Police and Fire: The Fallen Heroes

"Serving Those Who Served"

VOLUNTEER APPLICATION

SOCIAL MEDIA TEAM

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Preferred Method of Contact: Home Cell Work Email Text

Occupation: _____

Employer: _____

Employer Address: _____ City: _____

State: _____ ZIP Code: _____ Can we contact? Yes No

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 Yes No

If so, organization name and location: _____

Volunteer position/responsibilities: _____

Additional languages spoken and fluency level: _____

Have you ever been convicted of a felony? Yes No

Do you have any physical or other limitations that we should be aware of in order to make your volunteer time with us more comfortable, beneficial, rewarding as possible?

Yes No

If yes, please describe: _____

Which social media platforms / skills are you proficient in? (check all the apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> MeWe | <input type="checkbox"/> Design |
| <input type="checkbox"/> Content Creation | <input type="checkbox"/> Communication | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Videography | <input type="checkbox"/> Video Editing | <input type="checkbox"/> Photo Editing |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Community Building | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Grammar | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Copywriting/Writing Skills |
| <input type="checkbox"/> Strategic Planning | | |
| <input type="checkbox"/> Other: | _____ | |

What specific areas or projects would you be interested in working on with **Police and Fire: The Fallen Heroes**: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Your Medical Insurance Carrier: _____

Policy Number: _____

Known medical conditions, allergies, etc: _____

For Official Use Only:

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www.thefallenheroes.org volunteers@thosewhoserved.org

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