

Pasadena Fire Department

Accountability, Integrity, Flexibility



V o l u n t e e r A p p l i c a t i o n

Applicant

Date

Bertral Washington
Fire Chief



Military Service

Have you served in the military? No Yes If Yes: USA Other: _____

Branch of Service: _____

Service Number: _____

Dates of Service _____ / _____ / _____ to _____ / _____ / _____

Are you currently in any reserve No
or National Guard Program? Yes: Branch: _____

Type of Discharge _____

Educational Background

High School Diploma/GED? No Yes: Mo/Yr Graduated: _____

High School: _____ / _____ / _____ to _____ / _____ / _____
Name of School/City/State Dates Attended Degree Received

(List all educational levels) I have a: Two-Year Degree Four-Year College/University Degree Post-Graduate Degree

Institute: _____ / _____ / _____ to _____ / _____ / _____
Name of Institute/City/State Dates Attended Degree Received/Major

Institute: _____ / _____ / _____ to _____ / _____ / _____
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Institute: _____ / _____ / _____ to _____ / _____ / _____
Name of Institute/City/State Dates Attended Degree Received/Major

Convictions: If you have ever been convicted of any crime (excluding traffic citations), provide the following:

Approx Date	Police Agency	Circumstances
_____	_____	_____
_____	_____	_____

Is there anything in your past that might disqualify you from functioning as a volunteer for the Pasadena Fire Department?

No Yes If you answered yes, please explain briefly: _____

Experience and Employment

(List current + previous employment information, most recent first)

Check if retired, then provide information for most recent employer.

Dates of Employment:	Name & Address of Employer:	Name of Supervisor:
From _____ To _____ Mo/Yr Mo/Yr	_____	_____
_____ / _____ / _____	_____	Phone #: _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Reason for leaving: _____	Duties: _____

From _____ To _____
Mo/Yr Mo/Yr

Name & Address of Employer: _____

Name of Supervisor: _____

_____ / _____ / _____

Phone #: _____

- Full Time
- Part Time
- Voluntary

Reason for leaving: _____

Duties: _____

Dates of Employment:	Name & Address of Employer:	Name of Supervisor:
From _____ To _____ Mo/Yr Mo/Yr	_____	_____
_____ / _____ / _____	_____	Phone #: _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Reason for leaving: _____	Duties: _____

From _____ To _____
Mo/Yr Mo/Yr

Name & Address of Employer: _____

Name of Supervisor: _____

_____ / _____ / _____

Phone #: _____

- Full Time
- Part Time
- Voluntary

Reason for leaving: _____

Duties: _____

Dates of Employment:	Name & Address of Employer:	Name of Supervisor:
From _____ To _____ Mo/Yr Mo/Yr	_____	_____
_____ / _____ / _____	_____	Phone #: _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Reason for leaving: _____	Duties: _____

From _____ To _____
Mo/Yr Mo/Yr

Name & Address of Employer: _____

Name of Supervisor: _____

_____ / _____ / _____

Phone #: _____

- Full Time
- Part Time
- Voluntary

Reason for leaving: _____

Duties: _____

Personal References

(List 4 people, other than family, who have known you at least 5 years)

Name/Relationship	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience

Do you have any previous volunteer experience: Yes No

Name of Organization/City/State	/ / to / / Dates Served	Contact/Phone #
Description of activities: _____		
Name of Organization/City/State	/ / to / / Dates Served	Contact/Phone #
Description of activities: _____		
Name of Organization/City/State	/ / to / / Dates Served	Contact/Phone #
Description of activities: _____		

Interests/Skills/Training/Hobbies

Languages, other than English, which you speak fluently: _____

What interests, skills and/or training or hobbies do you have that might be useful to the Fire Department?

Computer or Amateur Radio Skills (FCC Call Sign & Level): _____

Availability/Preferences for Volunteering

Days available for volunteer work: (circle) Mon Tue Wed Thu Fri Sat Sun

Preferred hours per day: From _____ To: _____

As a volunteer, if called upon, are you be available to assist with emergency activities 24 hours a day?

Is there a specific Volunteer Program at the Pasadena Fire Department which you are familiar with for which you would like to volunteer time?

Please briefly state why you wish to volunteer your time to the Pasadena Fire Department. (You may use another sheet if necessary) ***This question must be answered.***

Medical Information

Primary Physician's Name: _____

Address: _____
 Number Street City Zip

Phone #: () _____

What is Your Blood Type: _____ Unknown

Do you have heart trouble? Explain:
 No Yes:

Do you have high blood pressure? Explain:
 No Yes:

Do you have any present ailments? Explain:
 No Yes:

Are you taking medicine now? Explain:
 No Yes:

Do you have any allergies, including to medicines? Explain:
 No Yes:

Do you have any other medical condition we should be aware of? Explain:
 No Yes:

List major surgeries and dates:

Date	Type of Surgery Performed
_____	_____
_____	_____
_____	_____

Insurance Carrier: _____ **Group Policy #:** _____ **Phone #:** _____

Hospital Preference: _____ **Address:** _____

Emergency Contact Information (list in order of preference)

Name/Relationship	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Waiver and Disclaimer

I hereby authorize the Pasadena Fire and Police Departments to initiate a record check prior to accepting me as a civilian volunteer. I understand that falsifying or omitting information on this application, or during the interview process, is cause for immediate dismissal from consideration for, or participation in, the volunteer program.

I hereby release PFD, PPD and others for providing and verifying information to PFD concerning this application from liability or damage which may result from furnishing the information requested on this form. I understand that for security reasons a background check will be conducted and I will be fingerprinted. I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Print name: _____ Signature: _____ Date: _____

At _____, California PFD Reviewed by: _____ Date: _____