

CROWN KING FIRE DISTRICT
P.O. BOX 397
CROWN KING, ARIZONA 86343
VOLUNTEER APPLICATION

Date of Application: _____

Position applied for: Field work Events Only Both

Last Name: _____ First Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ May we text you? Yes No

Email Address: _____

Date of Birth: (optional) _____

Are you a part-time or full-time resident of Crown King? Yes No

When are you typically in Crown King? _____

Explain why you would like to volunteer with CKFD: _____

Are you a citizen of the United States? Yes No

Do you possess a valid Arizona Driver s license? Type: Yes No

Are you currently or have you ever served in the United States Military? Yes No

Have you ever been employed as a first responder? Yes No

If Yes, Explain: _____

Are you currently Arizona State Firefighter I & II certified: Yes No

Please select your EMS certification level: 1st Responder EMT-B Other N/A

List any formal training related to fire suppression:

List position related licenses or certificates that you have such as Emergency Medical Technician, radio operator, pilot, etc.:

List any special qualifications or previous experience that may help with volunteer placement. For example: use of tools, office equipment or machinery.

Do you have any physical limitations which may hinder your ability to perform the volunteer duties? (Optional)

EDUCATION: (optional)

Did you receive a High School Diploma? Yes No

Highest grade completed: _____

Trade / Technical / Other Schools Attended: _____

Are you willing to attend on-site training courses offered in Crown King? Yes No

Describe any additional education, work history, specific duties, responsibilities or accomplishments you feel may benefit the Crown King Fire District:

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You must sign this application. Read the following carefully before you sign.

A false statement on any part of this application may be grounds for not using you in a volunteer capacity.

I understand this is not a paid position with the Crown King Fire District.

I understand the Crown King Fire District works closely with other first responder organizations. I consent to the release of information about my ability and fitness for volunteering to all law enforcement agencies, military services, government agencies, Incident Commanders and other organizations authorized for first response actions.

I certify that to the best of my knowledge all of my statements are true, correct, complete and made in good faith.

Signature _____

Date Signed _____