



MARICOPA FIRE AND MEDICAL DEPARTMENT (MFMD) FIRE CORPS VOLUNTEER APPLICATION



APPLICANT INFORMATION			
First:	Middle:	Last:	Cell #
Date of Birth:	SSN:	Email:	
Address:			Zip Code:
Driver's License #/State I.D.		State:	Expiration Date:
Name of Subdivision:		Do you live in Maricopa? Year Round <input type="checkbox"/> Seasonally <input type="checkbox"/>	
2 nd Address; if applicable			
Are you currently?	Retired <input type="checkbox"/>	Working Full Time <input type="checkbox"/>	Working Part-Time <input type="checkbox"/>
What is your availability?			
What interests you?	Public Education <input type="checkbox"/>	Support Services <input type="checkbox"/>	Administrative <input type="checkbox"/>
Special Events <input type="checkbox"/> Firefighter Rehab <input type="checkbox"/> Media <input type="checkbox"/> Other:			
Have you volunteered before?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, what organization/when?

HUMAN RESOURCES
Do you object to having a background check done or drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION	
Name:	
Address:	
Mobile phone number:	Relationship to you:

POSITION INFORMATION				
How did you hear about this program?	Volunteer <input type="checkbox"/>	News Article <input type="checkbox"/>	Social Media <input type="checkbox"/>	Other
Are you able to volunteer a minimum of 6 hours per month, OR 72 hours per year (for seasonal volunteers)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you proficient in the following software?				
Microsoft Word <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Email <input type="checkbox"/>				

MILITARY STATUS & EDUCATION			
Have you ever served in the military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of Discharge:
What is your highest level of education?	High School <input type="checkbox"/>	Some college <input type="checkbox"/>	College Degree <input type="checkbox"/>

REFERENCES (List 2 people not related to you that we may contact as a character reference)		
Print Name:	Phone:	Relationship:
Print Name:	Phone:	Relationship:

ADD ANY ADDITIONAL COMMENTS OR QUESTIONS YOU MAY HAVE

I certify that the information contained herein is true and correct to the best of my ability. I am fully aware that any falsification or misinformation shall result in my disqualification from the MFMD Fire Corps program.

Print Name of Applicant

Signature of Applicant:

Date:

Submit completed application by mail or walk-in to:

Fire Administration Building
20340 N Estrella Parkway
Maricopa, AZ 85139

Email application to: fire.corps@maricopa-az.gov

****FOR MFMD FIRE CORPS USE ONLY****

Date Received:

By:

Comments: