

# HERALD FIRE PROTECTION DISTRICT

P.O. BOX 52  
 12746 IVIE ROAD  
 HERALD, CA 95638  
 PHONE: 209.748.2322 – FAX: 209.748.2363

## VOLUNTEER APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Date of Application: \_\_\_\_\_

(Please Print)

|                    |            |             |            |
|--------------------|------------|-------------|------------|
| Last Name          | First Name | Middle Name |            |
| Address            | City       | State       | Zip        |
| Home Phone         | Cell Phone | E-mail      |            |
| Driver's License # | State      | Class       | Birth Date |

- |   |                          |                          |
|---|--------------------------|--------------------------|
| ■ Have you ever filed an application with us before? If yes, provide date _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Yes                      | No                       |
- |  |                          |                          |
|--|--------------------------|--------------------------|
| ■ Have you ever volunteered with us before? If yes, provide date _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |
- |  |                          |                          |
|--|--------------------------|--------------------------|
| ■ Can you submit verification of your legal right to work in the United States?<br><i>(Note: Proof of citizenship or immigration status will be required upon employment.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |
- |  |                          |                          |
|--|--------------------------|--------------------------|
| ■ Have you ever been convicted of a crime? <i>(Note: You may answer "no" if the conviction is specified in Health and Safety Code (HSC) Section 11361.5 which pertains to various marijuana offenses, or, if the conviction was a violation under HSC Section 11557 or its successor Section 11336 when that conviction was stipulated or designated to be a lesser included offense of the possession of marijuana). Conviction will not necessarily disqualify an applicant from volunteering.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |

If yes, please explain:

\_\_\_\_\_

### EDUCATION

|                       | Name & Address of School | Course of Study | Years Completed | Diploma/<br>Degree |
|-----------------------|--------------------------|-----------------|-----------------|--------------------|
| High School           |                          |                 |                 |                    |
| Undergraduate College |                          |                 |                 |                    |
| Graduate Professional |                          |                 |                 |                    |
| Other                 |                          |                 |                 |                    |

Describe any specialized training, certifications, and apprenticeships:

\_\_\_\_\_

\_\_\_\_\_

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Describe any job-related training received in the United States Military:

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Do NOT indicate “see resume.” You may attach a resume as long as it includes all information listed below.

1.

|                     |                    |        |
|---------------------|--------------------|--------|
| Employer:           | From               | To     |
| Address:            |                    |        |
| City:               | State and Zip Code |        |
| Telephone Numbers:  |                    |        |
| (Home)              | (Cell)             | (Work) |
| Job Title:          | Supervisor:        |        |
| Reason for Leaving: |                    |        |

2.

|                     |                    |        |
|---------------------|--------------------|--------|
| Employer:           | From               | To     |
| Address:            |                    |        |
| City:               | State and Zip Code |        |
| Telephone Numbers:  |                    |        |
| (Home)              | (Cell)             | (Work) |
| Job Title:          | Supervisor:        |        |
| Reason for Leaving: |                    |        |

■ List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

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■ Other qualifications – summarize special skills acquired from employment or other experience:

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■ Were you ever discharged, rejected/terminated/non-reelected/released during probation or have you ever been requested to resign from any employment?  Yes  No

■ State any additional information you feel may be helpful to us in considering your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any misrepresentation or omission may be cause for non-selection or dismissal.

\_\_\_\_\_  
Signature of Applicant Date

■ References:

1.  

|         |                  |     |
|---------|------------------|-----|
|         |                  |     |
| Name    | Telephone Number |     |
| Address | City             | Zip |

2.  

|         |                  |     |
|---------|------------------|-----|
|         |                  |     |
| Name    | Telephone Number |     |
| Address | City             | Zip |

3.  

|         |                  |     |
|---------|------------------|-----|
|         |                  |     |
| Name    | Telephone Number |     |
| Address | City             | Zip |

■ Applicant’s Statement:

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for volunteering may be necessary in arriving at a decision.  
This application for volunteering shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for volunteering beyond this time period should inquire as to whether or not applications are being accepted at that time.  
In the event that I am offered a volunteer position, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Herald Fire Protection District.

\_\_\_\_\_  
Signature of Applicant Date