

Please print clearly and fill out the application in its entirety

Application Date: _____ Volunteer Position Sought: _____
Name (first, middle and last) _____

Home Address _____ Apt/Suite _____
City _____ State _____ Zip _____

Phone Numbers _____
Please include area codes cell home work

Preferred method of communication (please circle): cell home work Best time to call: _____

Email _____

Date of Birth _____ T-Shirt Size _____

Have you volunteered with Idaho Firewise before? Yes No; When? _____

Are you fulfilling a requirement? Yes No

If yes, what type? Community Service Class requirement Service-Learning Other _____

Volunteer Experience

Why are you interested in volunteering with Idaho Firewise and what are your **personal goals**, in regards to this volunteer experience? _____

What skills or special training might you have that would be helpful for a volunteer position with Idaho Firewise?

Do you have any hobbies or special talents?

What work environment are you looking for? Indoors Outdoors

How did you hear about Idaho Firewise? Word of Mouth Newsletter Other _____

Past Volunteer Experience (please include organization names and dates of service, if possible):

Have you ever been convicted of a crime? (If yes, please explain) A crime is not an automatic disqualification for volunteer work with Idaho Firewise. _____

Do you have a driver's license? Yes No
 Do you have a good driving record? Yes No
 Have you ever received a DUI? Yes No
 Do you have car insurance? Yes No
 Is your car available for transporting others? Yes No
 Are you able to lift up to 50 lbs.? Yes No

How much time are you currently looking to volunteer? _____

When are you currently available to volunteer?

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start						
Finish						

Will your current availability be changing soon? If yes, how will it change?

Employment N/A

Current Employer: _____

Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

References

Please list someone who knows you well and can attest to your character, skills, and dependability. You may include your current or last employer/educator:

Name/Organization: _____

Relationship to You: _____ Length of Relationship _____

Telephone: _____ E-mail _____

Emergency Information

Do you have any allergies of which we should be aware? _____

Are you taking any medications of which we should be aware? _____

Is there anything else we should know about your physical well-being?

Emergency Contact

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Special Needs:

Parental Release for medical treatment

Guardian signature required for those under the age of 18.

I authorize Idaho Firewise, if I am unable to provide consent, to take me/my child to the emergency room of the nearest hospital, at my expense, and the hospital has my authorization to provide treatment which a physician deems necessary for my/my child's well-being.

Guardian's Printed Name: _____

Signature _____ Date _____

Release for Publication

Please initial below

While volunteering with Idaho Firewise, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others.

We request permission for your participation. By initialing below, you may choose to grant or deny Idaho Firewise, Inc. and its affiliates permission to use photographs or videotapes of yourself, alone or in groups, in newspaper articles, newsletters, brochures, special fundraising activities, in websites or online in order to generate public understanding and support of the Idaho Firewise program. By granting permission below, you hereby release and hold harmless Idaho Firewise, Inc. from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ **"YES, I give permission to be** _____ **"NO, I deny consent to be**
Initial photographed and/or *Initial* photographed and/or
videotaped for publication". videotaped for publication".

Volunteer Liability Release

Please read the following carefully before signing this application:

I certify that I have and will provide information that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information. I understand that Idaho Firewise will verify information contained on my application and I consent to permit Idaho Firewise to contact anyone they deem appropriate to investigate or verify the information I have provided. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for Idaho Firewise.

I have chosen to participate in the Idaho Firewise volunteer program by my own free will, and I understand the risks associated with the work I am volunteering to do. In consideration of my voluntary participation in the Idaho Firewise program, I, for myself, heirs, executors, and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against Idaho Firewise, Inc. other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, contractors, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in this program,, including, but not limited to, travel to or from work sites, and injuries which may be suffered before, during, or after work on Idaho Firewise projects". I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities in which I participate on behalf of Idaho Firewise.

Signature _____ Date _____