

**VOLUNTEER APPLICATION FOR
DUNNIGAN FIRE PROTECTION DISTRICT**

P.O. BOX 213

DUNNIGAN, CA 95937

FULL NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

DATE OF BIRTH _____

HOME PHONE # () - _____ **CELL#** () - _____

DRIVER'S LICENSE # _____ **CLASS** _____ **EXP. DATE** _____

ANY VEHICLE VIOLATION WITHIN THE LAST 5 YEARS: Y N

IF YES PLEASE EXPLAIN _____

GENERAL PHYSICAL CONDITION/HEALTH _____

EMP

LOYER OR PREVIOUS _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE # () - _____ **OCCUPATION** _____

SUPERVISORS' NAME _____ **MAY WE CONTACT? Y N**

HOURS OF AVAILABILITY _____

DO YOU SPEAK OR UNDERSTAND LANGUAGE(S) OTHER THAN ENGLISH? Y N

LANGUAGE(S) _____

FIREFIGHTING AND/OR MEDICAL EXPERIENCE -CERTIFICATIONS WITH

EXPIRATION DATES _____

PLEASE LIST THREE REFERENCES THAT YOU ARE NOT RELATED TO IN THE SPACES BELOW:

1. NAME _____ **YEARS KNOWN:** _____
CITY _____ **STATE:** _____
PHONE # () - _____ **RELATIONSHIP:** _____

2. NAME _____ **YEARS KNOWN:** _____
CITY _____ **STATE:** _____
PHONE # () - _____ **RELATIONSHIP:** _____

3. NAME _____ **YEARS KNOWN:** _____
CITY _____ **STATE:** _____
PHONE # () - _____ **RELATIONSHIP:** _____

Completion of the form does not mean you have been selected as an employee.

Your application will be reviewed by the department and when a vacancy occurs you will be considered.

By signing below you acknowledge that all statements above are true and are answered in full.

SIGNATURE _____ **DATE** _____

This form may be mailed to the address listed at the top of the form.

OR

This form may be submitted by e-mail without signature.

Signature will be obtained when the applicant is interviewed.