

## Manteca Fire Department Seniors Assisting Fire Efforts

## **APPLICATION**

NAME:		
ADDRESS:		
Home Phone Number	Cell Phone Number	E-mail
U. S. Citizen: Yes N	No Date of Birth:	
Driver's License Number: _	Expiration Da	ate: Attach copy:
Any previous volunteer exp	erience?	
Describe last occupation and	d type of work performed:	
Address of Employer:		
Length of time with this em	ployer:	
List three (3) personal refere	ences (who have known you a mi	inimum of three years):
Name:	Phone:	Years known:
Address:		
		Years known:
Address:		
Name:	Phone:	Years known:
Address:		

help qualify you for volunteer work with t	his program?
Have you ever been arrested and/or convice Describe each circumstance. Use addition	cted of a felony or misdemeanor?nal pages if necessary:
Describe anything in your past that may di (authority) capacity.	isqualify you from functioning in a uniformed
"I hereby authorize any former employer, as a reference to provide any and all informemployment and job performance to the C representatives, and agents. This informat addition to authorizing the release of any i waive any rights or claims I have or may have representatives, or any person listed as a reemployees and representatives, former edufrom any and all liability, claims, or damaged disclosure, or release of such information favorable or unfavorable to me."	tion are true and complete to the best of my knowled its employees and representatives, or any person listed mation they deem appropriate regarding my City of Manteca, and any of its employees, tion may be provided either verbally or in writing. In information regarding my employment, I hereby fully have against any former employer, its employees and reference, and release any former employer, its functional institution or any person listed as a reference ges that may directly or indirectly result from the use by any person or party, whether such information is by Manteca Fire Department must be returned upon the termination of my assignment to the SAFE
All the above statements on this application	on are true to the best of my knowledge:
Applicant's Signature	Date
Print Name	Appointment Date

## CHECK OFF ONE OF THE FOLLOWING

Prefer following type of	duties:				
Administrative:	Fire Operations Activities:   Public Relations Service:				
	YS AND HOURS AVAIL (minimum of 4 hours te at the monthly meet	a week is requi	red)	sed.	
	0700-1200	1200-160	0	1700-2100	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Indicate preference: W	Fork with others	Work alone			
Please indicate size of un	niform articles required.				
Shirt					
Trousers					
Jacket (light weight)					
Jacket (cold weather)					
Name of SAFE member	that recruited you				
*Contact in case of emer	rgency:				
Name					
Relationship	Home Phone	C	ell Phone		