

Capital City Fire / Rescue

Volunteer Application

Check your area/s of interest: ___ Fire ___ EMS ___ Special Teams (Rope/Water Rescue)

Name: _____ Goes By: _____

Gender: M F Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

AK Driver's License #: _____ Expiration Date: _____

Vehicle License #: _____ Make: _____ Model: _____ Color: _____

Occupation: _____

Resident of the City and Borough of Juneau since: _____

List any prior Fire or EMS service experience: _____

Fire or EMS certifications you currently hold: _____

(Please submit certificates so we can place them in your training file.)

List any current or former members of CCF/R that know you. _____

Please list three references, their phone number and address:

1 _____

2 _____

3 _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____ If yes, please explain. _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain. _____

Are you currently in the process of an indictment or court action? Yes _____ No _____ If yes, please explain. _____

Have you ever been served with a restraining order or any other order to prevent your contact with another person? Yes _____ No _____ If yes, please explain. _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number(s): _____

Mailing Address: _____

Marital Status: _____ Spouse/Partner's Name: _____

Dependents:

Name: _____ Relationship: _____ Date of Birth: _____ Gender: _____

1 _____

2 _____

3 _____

Provide two (2) letters of reference. These references must be either employer, school (i.e., teacher, principal, counselor), or other persons who have known you in a professional capacity.

I, hereby certify, that all of the information made on, or in connection with this application is true and complete to the best of my knowledge and belief, and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of application, removal from eligible lists, and discharge from volunteer status with Capital City Fire / Rescue.

Applicant Signature: _____ Date: _____