

## Volunteer Application - Sun City Center Emergency Squad

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First MI

Primary Phone : \_\_\_\_\_ Secondary : \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Race: American Indian or Alaska Native \_\_\_\_\_, Black or African American \_\_\_\_\_, Native Hawaiian or

Other Pacific Islander \_\_\_\_\_, Asian \_\_\_\_\_, Hispanic or Latino \_\_\_\_\_, White \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preference for Volunteer Service:** EMT \_\_\_, EMR \_\_\_, Driver \_\_\_, Front Desk \_\_\_, Cook \_\_\_,

Dispatch \_\_\_, Information Technology \_\_\_, Wheelchair Maintenance \_\_\_, Vehicle Maintenance \_\_\_

Do you reside in the area full-time? Y \_\_\_ N \_\_\_ Months you reside in area \_\_\_\_\_

Previous Occupation(s) \_\_\_\_\_

Have you previously applied to or volunteered at the Squad? \_\_\_\_\_

State(s) of residence in last five years: \_\_\_\_\_

Have you ever been arrested/convicted of a crime? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Do you have any physical limitations or medical problems which would impact your participation on the Squad? If so, what type? \_\_\_\_\_

**I give permission to you to check my driving record and to do a background check. I attest that I do not use any illegal drug and that I will at no time perform Squad duties after consuming alcohol or any substance (including medications) that might lessen my ability to respond appropriately.**

Signature \_\_\_\_\_ Date \_\_\_\_\_