

# Idaho Firewise Volunteer Application

Idaho Firewise, Inc. a 501(c)(3) Non-Profit Organization

Application Date \_\_\_\_\_

Name *(first, middle and last)*

Home Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred Method of Communication \_\_\_\_\_

Are you fulfilling a requirement?  Yes  No

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

## Interested Level of Volunteerism

One-time event (on average, 2-4 hours expected participation)

Short-term commitment (seasonal, temporary)

Long-term commitment (on-going, as needed basis)

Why are you interested in volunteering with Idaho Firewise?

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

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What work environment are you looking for?  Indoors  Outdoors  Both indoor and outdoors, as needed

How did you hear about Idaho Firewise?

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

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Do you have a driver's license?  Yes  No

Do you have a good driving record?  Yes  No

Do you have car insurance?  Yes  No

Is your car available for transporting others?  Yes  No

Are you comfortable working with hand tools?  Yes  No

Are you comfortable working with power tools?  Yes  No

**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 \_\_\_\_\_ Email \_\_\_\_\_

**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 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**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**  
*Initial* photographed and/or  
videotaped for publication”.

\_\_\_\_\_ **“NO, I deny consent to be**  
*Initial* photographed and/or  
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 \_\_\_\_\_

*Please submit completed application to [andrea@idahofirewise.org](mailto:andrea@idahofirewise.org)  
Thank You for your interest with volunteering with Idaho Firewise, Inc.!*