

FIREFIGHTERS BURN INSTITUTE VOLUNTEER APPLICATION



PLEASE SUBMIT APPLICATION TO:

FIREFIGHTERS BURN INSTITUTE | 3101 Stockton Blvd., Sacramento, CA, 95820
Phone: (916) 739-8525 | Fax: (916) 455-4376 | Email: sandy@ffburn.org

PERSONAL INFORMATION

Please fill out the information below. Fields marked with * are required.

Last Name* _____ First Name* _____

Mailing Address* _____ Phone* _____

City* _____ State* _____ Zip* _____ Phone (Alt) _____

Email * _____ DOB Mo: _____ Day: _____

_____ Emergency Contact* _____ Phone* _____ Relationship* _____

Your current occupation/job title* _____

Employer* _____

Are you over the age of 18?* _____ Yes _____ No _____ Active Firefighter

Are you over the age of 21?* _____ Yes _____ No _____ Retired Firefighter

Are you a burn survivor? _____ Yes _____ No

DAYS & HOURS AVAILABLE*

_____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat.
_____ Mornings _____ Afternoons _____ Evenings

Last Name* _____ First Name* _____

VOLUNTEER PREFERENCE*

Please check the area(s) for which you would like to volunteer:

- _____ Camp (counselor, counselor in training, camp support staff, etc.)
- _____ Fundraising (committee volunteer, volunteering at events)
- _____ Outreach (tabling events, presentations, speaking engagements, etc.)
- _____ Office (mailings, clean up/sorting, folding, bundling, etc.)
- _____ All the above
- _____ Other

Tell Us About Yourself*

- Are you comfortable speaking in public? _____ Yes _____ No
- Are you able to stand on your feet for several hours? _____ Yes _____ No
- Are you able to lift 25 lbs. or more? _____ Yes _____ No

Please list any limitations (physical or otherwise): _____

Previous volunteer experience* _____

Languages spoken* _____

Describe yourself in a few words* _____

How did you hear about the Firefighters Burn Institute?*

- _____ Social Media _____ Personal Connection (Burn Survivor, Firefighter, Nurse, Doctor, etc.)
- _____ Friends/Family, etc. _____ Other

Why would you like to get involved with us?* _____

Volunteer Release and Waiver of Liability

The undersigned requests permission to volunteer services for the Firefighters Burn Institute and engage in activities related to serving as a volunteer.

I, _____, understand that all and any volunteer positions are uncompensated
PRINT NAME
and do not include any benefits traditionally associated with employment. I recognize that such participation involves activities that may involve risk of injury, damage or loss of personal property. I hereby agree to indemnify, defend, and hold harmless the Firefighters Burn Institute and its officers, agents, servants, employees, volunteers, and affiliates from any and all claims, injuries, or damages resulting from my participation.

In the event that I sustain any physical injury, including death, damages to property, loss of equipment while volunteering, or medical expenses incurred by me for any necessary treatment, I hereby expressly assume risk of injury and release the Firefighters Burn Institute and all partnering organizations from all liability.

I further grant and convey to the Firefighters Burn Institute all right, title, and interests in any and all photographs, images, video, or audio recordings made by the Firefighters Burn Institute in connection with my volunteer services to the Firefighters Burn Institute.

By signing below, I acknowledge that I have carefully read this document, fully understand its content and agree to the terms and conditions listed above.

Signature (Or parent/guardian if under 18)

Date

Print Name

Thank you for volunteering with us!