

Phoenix Fire Community Outreach dba  
Arizona Compassion in Action  
(AZ CIA)

Established in 1991

Assisting people  
in the Phoenix-Metro Area  
in urgent need

**Volunteer Application Form**

<b>Personal Information:</b>			
First Name:	Last Name:		
Address:	City: State: Zip:		
Phone:	Email:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Age Group: Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> Over 55 <input type="checkbox"/>			
Volunteer's Availability: Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>			
Do you have reliable transportation: <input type="checkbox"/>			
<b>Employer:</b>			
Name:			
Address:	City: State: Zip:		
Duration of Employment:			
<b>Please select the area you wish to volunteer in:</b>			
Food Pick-up <input type="checkbox"/>	Storage Unit Up-keep <input type="checkbox"/>		
Clothes Sorting <input type="checkbox"/>	Other _____ <input type="checkbox"/>		
Help Moving <input type="checkbox"/>			
Pick up Donations <input type="checkbox"/>			
<b>How did you hear about us?</b>			
Family <input type="checkbox"/>	Friend <input type="checkbox"/>	Other Church <input type="checkbox"/>	Internet <input type="checkbox"/>
Other <input type="checkbox"/> _____			
<b>Please tell us what you hope to gain from your experience with us?</b>			
<b>Please list any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for:</b>			

**If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role:**

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**References: Please supply us with the names of two references (non-relatives)**

Name:	Name:
Address:	Address:
City:                      State:      Zip:	City:                      State:      Zip:
Phone:	Phone:
Email:	Email:

**Emergency Contact:**

Name:	Relationship:	Phone:
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**Church Affiliation, if any (optional)**

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**Do you have any special needs you would like to share with us?**

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**Any other Comments:**

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Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless AZ CIA and its Officers from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which may arise from the services I provide to AZ CIA. I understand and acknowledge that this Release discharges AZ CIA from any liability or claim that I may have against AZ CIA with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to AZ CIA or occurring while I am providing volunteer services.

All volunteers dealing directly with the public or food are required to be free of any communicable disease.

_____	_____	_____
Printed Name	Signature	Date

**Please return Volunteer Application and the signed Release and Waiver of Liability to:**

AZ Compassion in Action (AZ CIA)  
Attn: Susanne  
P.O. Box 86907, Phoenix, AZ 85080  
You may also email it to [susanne@azcompassioninaction.com](mailto:susanne@azcompassioninaction.com)  
For any questions please contact us at (623) 889-4996