

Volunteer Application

City of Bellevue Fire Department OEM
 PO Box 90012
 Bellevue WA 98009-9012
 425-452-6807



Last Name		First Name		Preferred Name	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Preferred Phone:		Phone Type:	Secondary Phone:		Phone Type:
E-mail					
Street Address					
City		State		Zip	
Emergency Contact (1)		Phone		Relationship to applicant	
Emergency Contact (2)		Phone		Relationship to applicant	
Will you need a modification or accommodation to participate in the volunteer activity or service project? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Comments:					

Internal Use Only

Received By: _____ Date: _____

Requested Volunteer Program(s). Check all that apply. See OEM Volunteer Guidebook for program descriptions.

Bellevue Communications Support (BCS)

Community Engagement & Outreach

Emergency Response Support

How did you hear about this volunteer opportunity?

Current volunteer / staff member

Social media / newsletter

Direct Mailer

Other: _____

Are you willing to submit to a background check upon approval of your application?

Yes No

Have you previously volunteered with the City of Bellevue? Yes No

If yes, please indicate the program, location, and dates.

Briefly describe past or current volunteer experience you may have, including approximately how long you volunteered for each organization.

Why do you want to volunteer with the Bellevue Fire Department's Office of Emergency Management (OEM)?



For alternate formats, interpreters, or reasonable modification requests please phone at least 48 hours in advance 425-452-6807 (voice) or email oem@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.

정보 Information 情報
Información i Информация
సమాచారం
اطلاعات
सूचना 425-452-6800 資料