



**THE FOUNDATION FOR BURNS AND TRAUMA
BURN PREVENTION PROGRAMS
VOLUNTEER INFORMATION**

Please Print Clearly

Name: _____
Last First Middle

Home Mailing Address _____ Apartment Number _____

City _____ State _____ Zip Code _____ Birthdate: ____/____/____

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Title: _____ Work Phone: _____

Are you a burn survivor? yes no Do you have a family member who is a burn survivor? yes no

Were you referred by a Foundation for Burns and Trauma volunteer? yes no If yes, by whom? _____

Interest in Prevention activities: (Please circle)

Smoke Alarm installations Community Education events/Health Fairs

Valley location preference/s: (Circle one or more)

Northwest Northeast Central Southwest Southeast

Do you speak Spanish? yes no

Do you have a Finger Print card (**background check**) on file with us? yes no

Via Mail

Foundation for Burns and Trauma
PO Box 1329
Phoenix, AZ 85001

Via Fax

(602) 230-2157
Attn: Gina Enders-Stenner

If you have any questions, please contact Gina Enders-Stenner
(602) 230-2041 gina.enders-stenner@azburn.org

The Foundation for Burns and Trauma would not have made it as far as it has without the support and hard work of thousands of volunteers.

*We appreciate your interest in becoming a volunteer.
Visit our web page at www.azburn.org*

Thank you for volunteering!