THE FOUNDATION FOR BURNS AND TRAUMA
BURN PREVENTION PROGRAMS
VOLUNTEER INFORMATION

Please Print Clearly

Name: _____ Gender: ☐ Male ☐ Female
Last First Middle

_____
Home Mailing Address Apartment Number

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

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 Iinstallations **Health & Safety Fairs/Education Events** **Office Assistance**

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 webpage at www.azburn.org

Thank you for volunteering!

Rev 12/21/2010