



# PAINESVILLE CITY FIRE DEPT Citizen Advocate Application

*The Painesville City Fire Corps program is a great opportunity for you to help your local fire and emergency services departments as well your community. In order to ensure that your time and talents will be best utilized, fill out the following form and return it to Melissa Soto, Fire Department Administrative Assistant.*

Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever been convicted of a crime?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a specific job or area you might be interested in?  
(please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative/Clerical   | <input type="checkbox"/> Maintenance                        |
| <input type="checkbox"/> Community Response Team   | <input type="checkbox"/> Public Relations                   |
| <input type="checkbox"/> Car Seat Technician       | <input type="checkbox"/> Information Technology             |
| <input type="checkbox"/> Photographer/Videographer | <input type="checkbox"/> Historian                          |
| <input type="checkbox"/> 9-11 Memorial attendants  | <input type="checkbox"/> Grant Writing                      |
| <input type="checkbox"/> Public Safety Education   | <input type="checkbox"/> Website Developer                  |
| <input type="checkbox"/> Pipe and Drums Corps      | <input type="checkbox"/> Chaplain Corps                     |
| <input type="checkbox"/> Fundraising Initiatives   | <input type="checkbox"/> Incident Reporting/Data Management |
| <input type="checkbox"/> Special Projects          | <input type="checkbox"/> Not Sure                           |
| <input type="checkbox"/> Preplanning               | <input type="checkbox"/> Other _____                        |

Please list any special talents or skills.

---

---

---

---

**I have answered all of the above questions honestly and to the best of my ability.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent or guardian signature if applicant is under 18 years of age.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*On behalf of the Painesville City Fire Department, we would like to thank you for supporting your local fire and emergency services.*



**For more information please contact The Painesville City Fire Department at [msoto@painesville.com](mailto:msoto@painesville.com) or (440) 392-5852.**