



ARIZONA ATTORNEY GENERAL
Fraud Fighters
PROTECTING ARIZONA CONSUMERS

Volunteer Application Form

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____ County _____
Phone _____ Email _____
Date of Birth _____ Gender: M F

Please check any of the projects below in which you are interested in participating:

- | | |
|--|---|
| <input type="checkbox"/> Collect "junk" mail | <input type="checkbox"/> Speak to groups about consumer fraud, ID Theft, Life Care Planning, etc. |
| <input type="checkbox"/> Keep log of telemarketing phone calls | <input type="checkbox"/> SMP- Senior Medicare Patrol |
| <input type="checkbox"/> Staff AG booth at community events | <input type="checkbox"/> Attend "free" presentations and make make reports about them |
| <input type="checkbox"/> Hold "office hours" at an Attorney General Satellite office | |
| <input type="checkbox"/> Answer calls to AG Elder Help phone line | |

How many hours per month are you available to volunteer? _____

What area are you available to volunteer?

Local community _____

Attorney General's Office: ☐ Phoenix ☐ Tucson

Background Information

Relevant employment / volunteer experience _____

Have you ever worked in law enforcement? _____

Other skills that you think might be useful to the project _____

What attracted you to participating in the Senior Sleuth Project? _____

Please send completed form to:

Office of the Attorney General
1275 W. Washington Street
Phoenix, AZ 85007
ATTN: Pam Stevenson



**PROTECTING
ARIZONA**

All information provided on this form will be kept confidential and will be used only in connection with the Arizona Attorney General Senior Sleuth Project.

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