

Volunteer Application

Today's Date: ____/____/20____

Thank you for your interest in supporting your local volunteer fire department. Please take the time to complete the following information legibly so that we may know more about you. It is our intention to provide you with the service opportunities that best suit your interests and abilities.

Your Legal Name

Date of Birth: ____/____/19____

Last _____ First _____ MI _____

Mailing Address: _____
Street or PO Box Town State Zip Code

Physical Address: _____
Street Town State Zip Code

Home Phone: (____)____ - _____ Cell Phone: (____)____ - _____

E-mail: _____ Best time(s) to contact you: _____

Place of Employment: _____

Occupation: _____ Work Phone: _____

In case of an emergency who should we notify?

Name: _____ Relation: _____

Address: _____

Home Phone: (____)____ - _____ Cell Phone: (____)____ - _____

Why do you want to volunteer with the Fire Department? _____

Please indicate below any EMS or fire training that you have completed and the date of completion:

Please indicate below any other training that may be of value to the fire dept. and the date of completion:

If someone who is a member of the fire department recommended you join please provide their name.

Name: _____

Please provide three references:

Name: _____

Phone: (_____) _____ - _____ Address: _____

Name: _____

Phone: (_____) _____ - _____ Address: _____

Name: _____

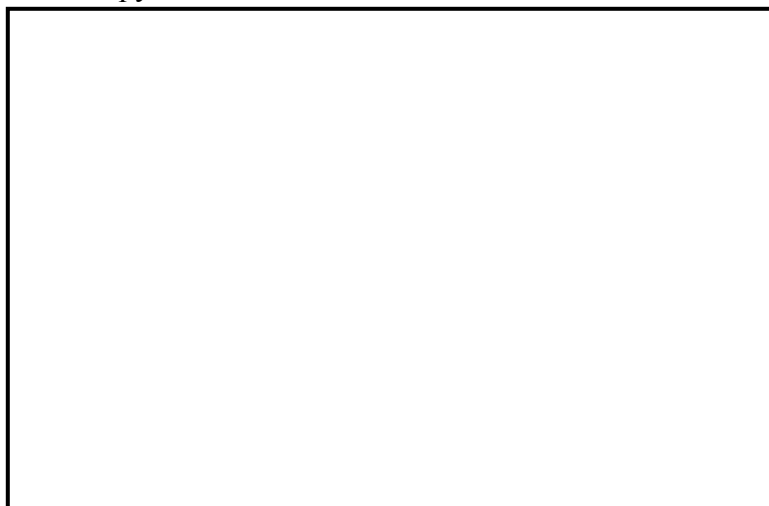
Phone: (_____) _____ - _____ Address: _____

Do you have a criminal record? Yes / No

Photo copy driver license here:

My signature below attests to the accuracy of the information provided and releases the fire department to obtain a driving record history, contact references and complete other background checks.

Signature



Office use only

Driver's License ____/____/____

Sex Offender Registry ____/____/____

References ____/____/____

Criminal Background ____/____/____

Notes: _____
