

Dept. logo here

**Fire Department Name**

**Address**

**City, State ZIP Code**

Application for Volunteer Membership

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| ***Please print*** |
| Name: | Title: |
| Street Address: |
| City: | ZIP Code: | Phone (Home): |
| Phone (work): | Phone (cell): |
| E-mail: | Date of Birth: |
| Interested Position(s)  |
| Firefighter | Emergency Medical Technician (EMT) | Fire apparatus Operator |
| Ambulance Operator | Office Administrator | Other |
| Have you reviewed the requirements for the position(s)? | Yes | No |
| Are you legally allowed to work in the United States? | Yes | No |
| Do you have a valid driver’s license? | Yes | No |
| Do you have a reliable method of transportation to the fire station? | Yes | No |
| How long have you lived at your current address? | Years | Months |
| Do you plan to reside in the local area for the next four years? | Yes | No |
| If no, reason for move: |
| Applicant’s Employer |
| Current Employer: |
| Street Address: |
| City: | State: | ZIP Code: |
| Phone: | E-mail: | Website: |
| Applicant’s History |
| Highest grade/level of education completed: |
| Military experience (which service): | Years of service: |
| Did you receive an honorable discharge? | Yes | No |
| Have you ever been charged or convicted of arson? | Yes | No |
| Have you ever been convicted of, or pleaded guilty to a felony? | Yes | No |
| If yes, state nature of conviction: |
| Date of conviction: | Age when convicted: |
| Do you have any pending criminal charges? | Yes | No |
| Have you ever applied to or been a member of a fire department? | Yes | No |
| If yes, please list department(s) and location(s): |
| List 3 character references we may contact: |
| Name: | Title: |
| Street Address: | City: |
| State: | ZIP Code: | Phone: |
| Relationship to you: | Email: |
|  |
| Name: | Title: |
| Street Address: | City: |
| State: | ZIP Code: | Phone: |
| Relationship to you: | Email: |
|  |  |
| Name: | Title: |
| Street Address: | City: |
| State: | ZIP Code: | Phone: |
| Relationship to you: | Email: |
|  |
| Additional Information: |
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