

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: | | |
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| Additional Information: | | | | | | | |
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