



VOLUNTEER MEMBERSHIP APPLICATION				
Last Name:				
First Name:				
Middle Name:				
Date of Birth:				
Mailing Address:				
Physical Address:				
City:		State:		Zip Code:
Home Phone:		Work Phone:		
Cell Phone		Email:		
Best time to contact you:				/
Do you have a valid driver's license?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> NO
If Yes, please explain:				
Volunteer Positions				
Please check the boxes below of the volunteer positions you are interested in:				
Fire Department	Emergency Medical Services (EMS)	Search and Rescue (SAR)	Community Emergency Response Team (CERT)	
<input type="checkbox"/> Fire Officer <input type="checkbox"/> Firefighter <input type="checkbox"/> Engineer <input type="checkbox"/> Junior Firefighter <input type="checkbox"/> Other	<input type="checkbox"/> Driver <input type="checkbox"/> ETT <input type="checkbox"/> EMT <input type="checkbox"/> EMS Officer	<input type="checkbox"/> Ice Rescue <input type="checkbox"/> SARTECH <input type="checkbox"/> Technical Rope Rescue <input type="checkbox"/> SAR Officer	<input type="checkbox"/> CERT Member <input type="checkbox"/> CERT Officer	
Education				
School	Name and Address of School	Course of Study	No. of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				



Work Experience

Start with your present or last job, include any job-related military service assignments and volunteer activities, you may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

Employer:	
Address:	
Telephone Numbers:	
Dates Employed:	
Starting/Present Job Title:	
Supervisor's Name:	
Employer:	
Address:	
Telephone Numbers:	
Dates Employed:	
Starting/Present Job Title:	
Supervisor's Name:	

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)

Name	Phone Number	Occupation

FIRE/EMS/SAR/CERT CERTIFICATIONS

Type	Expiration Date	Certification Number

FIRE/EMS/SAR/CERT WORK HISTORY

Employer/Affiliation	Position	Begin/End Dates

Signature of Applicant

Date

Signature Parent/Guardian

Date