# MONTGOMERY COUNTY FIRE SERVICE

APPENDIX A-1

 **District**

**VOLUNTEER FIREFIGHTER APPLICATION**

(**PLEASE PRINT**)

DATE OF APPLICATION

NAME:

(LAST) (FIRST) (MI)

ADDRESS:

(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: ( ) - WORK PHONE: ( ) -

EMAIL:

REFERRAL SOURCE:  ADVERTISEMENT  FRIEND  RELATIVE  OTHER:

OCCUPATION: PLACE OF EMPLOYMENT:

HAVE YOU PREVIOUSLY BEEN A MEMBER OF ANY VOLUNTEER SERVICE:  YES  NO

IF YES, WHERE: NUMBER OF YEARS:

DO YOU HAVE A VALID DRIVERS LICENSE? ~ YES ~ NO

HAVE YOU BEEN CONVICTIVED OR PLED GUILTY TO A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

  YES  NO

IF YES, EXPLAIN:

I WILL BE ABLE TO SERVE AT LEAST TWELVE-HOUR SHIFTS PER MONTH

LIST SPECIAL SKILLS OR TRAINING:

I, , being at least 18 years of age, do hereby certify that all answers are true and complete to the best of my knowledge and will abide by all of the rules and regulations of the Montgomery County Volunteer Fire Service and the applicable District Station. I also agree that the above information may be run through the National Crime Information Center (NCIC) check and Local Check.

SIGNATURE OF APPLICANT

NOTE: Members of the Volunteer Fire Service are personally responsible for any equipment issued to him/her.

MEMBERSHIP COMMITTEE



CALL SIGN ASSIGNED:

SHIFT ASSIGNED:

APPROVED:

**FOR OFFICIAL USE ONLY:** 

DISAPPROVED – REASON:

APPLICANT NOTIFIED:

DATE

MEMBERSHIP COMMITTEE