

CENTRAL CITY
VOLUNTEER FIREFIGHTER APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone Number	
Date of Birth	
Occupation	
Valid Driver's License?	
Felony Conviction?	

Availability

During which hours are you available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Experience

Tell us if you have any firefighting or medical experience

Firefighting If yes, what level and where -

Medical If yes, what level and where -

Hazardous Materials If yes, what level -

Two Way Radios

Truck Driving (Larger than pickup)

Self Contained Breathing Apparatus

Working On Ladders

Do You Wear a Beard

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone Number	
Relationship	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, that a background check may be performed, and any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I will also be required to attend the department's monthly business meeting as well as a minimum of two trainings per month. If I fail to meet these requirements, I may be subject to disciplinary action up to and including termination.

Name (printed)	
Signature	
Date	