



Application Form

A Chief Officer will contact you back with further information upon receipt .

Disclaimer: Please note that a submitted application does not equate to automatic Team membership. After submitting an application all applicants must undergo at a minimum a Criminal Background Check and A Child Abuse History Clearance Form also personal interview plus possibly a physical examination, skill testing or written proof of certifications/training prior to membership being granted or rejected.

Last Name: _____ First Name: _____ Date of Birth: __ mm/dd/yyyy
Cell Phone #: _____ Cell Phone Service Provider: _____ Home Phone #: _____ Work Phone #: _____

E-mail Address: _____

Street Address: _____

City: _____

Zip Code: _____

Driver's License #: _____ Issuing State: ____ Expiration Date: _____

Have you ever been convicted of a felony?: if Yes

Explain: _____

Are you now serving or have ever served in the military: if Yes Branch of Service: _____

Rank Achieved: _____ Dates of Service: _____

Is there any reason that your current state of health would in any way restrict your participation as an emergency services provider: if Yes

Explain: _____

Do you have any Fire, Rescue, Dive-Rescue or EMS experience or certifications: if Yes Explain: _____

Are you currently a member of any other fire company, rescue squad or EMS organization: if Yes Member of: _____

Do you have any skills, abilities, hobbies, training or education other than that listed for any of the questions above that would in any way benefit the Team?:

Other Skills: _____

Briefly state what makes you desire to become a member of our Team:

