VILLAGE OF ALVO
VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____
EMAIL: _____

DATE OF BIRTH: _____
DRIVER'S LICENSE #: _____

CURRENT EMPLOYER: _____
JOB TITLE: _____

YEARS EMPLOYED: _____
MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐

HAVE YOU SERVED IN THE MILITARY? _____

PREVIOUS FIREFIGHTING/EMS EXPERIENCE? _____

DEPARTMENT: _____
HOW LONG: _____

SUPERVISOR'S NAME: _____
SUPERVISOR'S PHONE #: _____

ARE YOU A CONVICTED FELON? YES ☐ NO ☐

DO YOU HAVE A CURRENT FIREFIGHTER I CERTIFICATION? YES ☐ NO ☐

DO YOU HAVE A CURRENT EMT LICENSE? YES ☐ NO ☐

OTHER QUALIFICATIONS: _____

SIGNATURE: _____
DATE: _____