

WILDER VOLUNTEER FIRE DEPARTMENT INC.

APPLICATION FOR VOLUNTEER MEMBERSHIP

PRINT LEGIBLY OR TYPE

DATE OF APPLICATION _____

APPLICANT

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

EDUCATION

HIGH SCHOOL _____ DATE GRADUATED _____

ADDRESS _____

TRADE SCHOOL _____ DATE GRADUATED _____

ADDRESS _____

COLLEGE _____ DATE GRADUATED _____

ADDRESS _____

OTHER _____ DATE GRADUATED _____

ADDRESS _____

MILITARY SERVICE

BRANCH OF SERVICE _____

DATES OF SERVICE _____ TO _____

TYPE OF DISCHARGE _____

WILDER VOLUNTEER FIRE DEPARTMENT INC.

WORK EXPERIENCE

CURRENT EMPLOYER _____ SUPERVISOR _____

ADDRESS _____

PHONE NUMBER _____ HOW LONG _____

JOB TITLE _____ DUTIES _____

PREVIOUS EMPLOYER _____ SUPERVISOR _____
(IF WITHIN ONE YEAR)

ADDRESS _____

PHONE NUMBER _____ HOW LONG _____

JOB TITLE _____ DUTIES _____

PREVIOUS EMPLOYER _____ SUPERVISOR _____
(IF WITHIN ONE YEAR)

ADDRESS _____

PHONE NUMBER _____ HOW LONG _____

JOB TITLE _____ DUTIES _____

SERVICE ORGANIZATION HISTORY

HAVE YOU EVER BEEN A MEMBER OR AFFILIATED WITH A FIRE DEPARTMENT AND/OR EMERGENCY
MEDICAL SERVICE ORGANIZATION? YES NO IF YES COMPLETE THE FOLLOWING

ORGANIZATION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATES OF MEMBERSHIP _____ TO _____ PHONE NUMBER _____

SUPERVISOR _____ APPROXIMATE TRAINING HOURS _____
NAME, POSITION/RANK

REASON FOR LEAVING _____

EMT CERTIFICATION # _____ STATE _____ EXPIRATION _____

WILDER VOLUNTEER FIRE DEPARTMENT INC.

REFERENCES (NO RELATIVES)

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____ BEST TIME TO CONTACT _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____ BEST TIME TO CONTACT _____

SIGNATURE _____ DATE _____

RECORDS CHECK RELEASE

THE WILDER VOLUNTEER FIRE DEPARTMENT, INC. MUST DO A DRIVING RECORD CHECK AND POLICE RECORD CHECK. IN ORDER TO DO THIS, THE DEPARTMENT MUST HAVE WRITTEN AUTHORIZATION TO DO SO. BY GIVING US YOUR DATE OF BIRTH, YOUR SOCIAL SECURITY NUMBER, YOUR DRIVERS LICENSE NUMBER AND SIGNING THIS SECTION OF THE APPLICATION, YOU ARE GRANTING THE WILDER VOLUNTEER FIRE DEPARTMENT, INC. PERMISSION TO CHECK YOU DRIVING RECORD AND TO HAVE A POLICE BACKGROUND CHECK PERFORMED.

DATE OF BIRTH _____
SOCIAL SECURITY # _____
DRIVERS LICENSE # _____
PRINT YOUR NAME _____
SIGNATURE _____