



AMITY FIRE DISTRICT VOLUNTEER APPLICATION

GENERAL INFORMATION

NAME: _____	SS# _____
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MAILING ADDRESS: _____ _____ _____	PHYSICAL ADDRESS: _____ _____ _____
DATE OF BIRTH: _____	PHONE# _____

EMAIL: _____	ODL# _____
ARE YOUR DRIVING PRIVILEGES REVOKED OR HAVE THEY EVER BEEN REVOKED? (CIRCLE) YES NO	IF YES PLEASE EXPLAIN: _____ _____ _____

MARRIED: (CIRCLE) YES NO	SPOUSE OR SIGNIFICANT OTHER NAME: _____	DO YOU HAVE CHILDREN? (CIRCLE) YES NO HOW MANY? _____
ARE YOU RELATED TO A MEMBER OF THE DISTRICT? (CIRCLE) YES NO	NAME OF RELATIVE: _____ _____	

EMERGENCY CONTACTS

NAME: _____ _____ _____	ADDRESS: _____ _____ _____	PHONE# _____ _____ _____	RELATIONSHIP: _____ _____ _____
NAME: _____ _____ _____	ADDRESS: _____ _____ _____	PHONE# _____ _____ _____	RELATIONSHIP: _____ _____ _____

HOBBIES OR ACTIVITIES

MEDICAL HISTORY

DATE OF LAST PHYSICAL EXAM: _____	HAVE YOU ATTACHED A COPY? (CIRCLE) YES NO
HAVE YOU EVER HAD A MAJOR INJURY? (CIRCLE) YES NO	IF YES EXPLAIN: _____
DATE OF LAST TETANUS SHOT: _____	DATE OF LAST VISION EXAM: _____

MARK ALL THAT APPLY

HEART DISEASE	LOSS OF VISION	ASTHMA	EMPHYSEMA
DIABETES			

EMPLOYMENT HISTORY

LIST BELOW YOUR LAST FOUR EMPLOYERS STARTING WITH THE MOST RECENT:

FROM	TO	EMPLOYER NAME, ADDRESS AND PHONE NUMBER	REASON FOR LEAVING

EDUCATION

LIST BELOW THE LAST FOUR EDUCATIONAL INSTITUTIONS YOU ATTENDED:

NAME OF SCHOOL:	ADDRESS	HIGHEST GRADE ATTENDED	DID YOU GRADUATE

FIREFIGHTER, FIRST AID, MEDICAL TRAINING OR EXPERIENCE

REFERENCES

GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR ONE YEAR OR MORE:

NAME	ADDRESS	PHONE#	BUSINESS	YEARS KNOWN

WHY DO YOU WANT TO BECOME A MEMBER OF THE AMITY FIRE DISTRICT?

SIGNATURE PAGE

BY SIGNING BELOW, I UNDERSTAND THAT I AUTHORIZE INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS APPLICATION UP TO AND INCLUDING BACKGROUND CHECKS AND PRE EMPLOYMENT DRUG SCREENING. AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR IMMEDIATE DISMISSAL OR DENIAL OF MY APPLICATION.

SIGNATURE:	DATE:
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This Section For Office Use Only

Interviewed By _____ Date: _____

Remarks: _____

Six Month Probation By Officers: Date _____ Pass Failed