

DUNLAP VOLUNTEER FIRE AND RESCUE DEPARTMENT APPLICATION FORM

Name _____ Birth date _____
Address _____ Marital Status _____
Phone _____ Occupation _____

Please answer the following:

1. Have you ever taken any first aid or CPR courses? _____
2. Would you be willing to take an EMT-B course? _____
(Must be completed within 2 years from your start date or face termination)
3. Have had any firefighting or rescue experience? _____
4. Are you willing to be trained at a Firefighter I level? _____
5. Have you ever had any mental problems (treated by physician) _____
Misdemeanors or felony arrest or convictions _____
6. Do you have a current drivers license? _____
Endorsements: _____
7. Do you have a high school diploma or GED? (Date of graduation or reception of GED? _____
8. Could you make unit/fire runs during the day? _____ night? _____
9. Why would you be willing to serve on the department? _____

I understand that this application is merely to place my name up for the consideration for serv. with the Dunlap Volunteer and Rescue Dept. and in no way hold the department under obliga select me.

Applicant's Signature