

APPLICATION
FOR THE ST. GEORGE'S VOLUNTEER
FIRE DEPARTMENT

Date of Application _____

Name (first, middle initial, last) _____

Address _____ Tel. No. _____

Date of Birth _____

Drivers License Number _____

Drivers License Classes _____

First Aid Certification? _____

Have you had any serious illness in the past five years? _____

Do you have any physical/mental defects? _____

Are you willing to take part in all training? _____

Are you willing to take part in all meetings? _____

Are you willing to fund raise? _____

Are you willing to take first aid and CPR/AED training? _____

Would you be willing to respond to a call at any time? _____

Would you respond to a call, no matter who calls? _____

We require a medical, letter of conduct, and drivers abstract.

*We will pay for this for you. Are you willing to provide? Yes /No

Fire Fighting Experience? _____

If more write on back

What can you offer the fire department?

If more write on back

We expect all information to be true and release from the Fire Department will occur if otherwise!

Please return to Town Office, during regular hours from 9 a.m. to 5 p.m.