Mantua Fire / Rescue Department Volunteer Application Form

Name:		Date:
Home Address:		SSN:
Home Phone: Work	#:	DOB:
Times you are normally available:		
Previous Firefighting or Rescue Experience:		
Specials Skills / Training / Certificates:		
Desired Position: Firefighter:	Medical / EMS	S:Both:
Employer's Name:	Address:	Phone:
Emergency Contact:	Phone	
Driver's License #:	State:	Expiration:
Personal Reference: Name:	F	Phone:
I,, hereby make application to serve as volunteer on the Mantua Fire / Rescue Department as indicated above. I realize that firefighting is hazardous and that my performance directly affects my own safety and the safety of others. I recognize that the department has policies, procedures, and practices that I am responsible for the learning and following and that, in the absence of procedures describing specific methods, it will by my duty to respond in a reasonable and prudent manner.		
I further indicate that I am at a level of physical conditioning that is suitable for the rigors of the fire combat and rescue and that I do not have any illness, weakness, or malady that could impair my ability to work safely under conditions of extreme physical and / or emotional duress. I am aware that any and all equipment, tools or clothing issued to me by the department will be returned, in the event that I leave the department. I accept all of the conditions of my voluntary membership in the department and further indicate my willingness to serve my community with dignity and professionalism this the day of 200		
Signed	Date _	MVFD0008