

Alfalfa Fire & Rescue

Application Form

Name

Last

First

Middle Initial

Address

City

State

Zipcode

Phone: (home)

(cell)

E-mail Address:

Date of Birth:

Drivers License No:

Expiration Date:

Current Employer:

Category you would like to volunteer:

Firefighter

EMS

Support

Are you available to respond to emergencies during:

Are you a citizen of the U.S.? Y/ N

The daytime? Y/ N

The night? Y/ N

The weekend? Y/ N

Please list any relevant training or experience you possess that you feel would be beneficial to AF&R, e.g. fire suppression training, first aid, S.C.B.A. certification, special licenses & certifications, etc.

Please list any special skills or abilities that you possess which you feel would be beneficial to AF&R.

Have you been convicted of any violations of the law other than parking violations?

Yes No If yes, complete the following:

Violation

Date

Place

Court

Disposition

Signature

Date

I certify that the above information is true and complete to the best of my knowledge. I authorize a complete background investigation based on the information I have provided.