



WESTFIR VOLUNTEER FIRE DEPARTMENT

Membership Application

Name _____ Address _____
City _____ State _____ Zip _____ Current Contact Phone # _____
Email _____

PERSONAL REFERENCES

1. Name _____ Contact # _____
2. Name _____ Contact# _____
3. Name _____ Contact# _____

In your words please explain why you would like to volunteer for Westfir Fire

Please explain when you would be available to volunteer during any given week

Please highest level of schooling

Highschool _____ College _____

Please list any physical limitations that could effect your performance for this position

Please list any skills that would be beneficial to Westfir Fire in this position

Do you use Tobacco yes no
Do you use illegal Drugs yes no

Check one

I wish to participate in Fire only _____

I wish to participate in EMS only _____

I wish to Participate in both _____

Fire Chief's Interview Pass Fail Date Completed _____

Notes

Fire Chief's approval _____ Date _____