

Mantua Fire / Rescue Department

Volunteer Application Form

Name: _____ Date: _____

Home Address: _____ SSN: _____

Home Phone: _____ Work Phone: _____ DOB: _____

Time you are normally available: _____

Previous Firefighting or Rescue Experience: _____

Special Skills / Training / Certificates: _____

Desired Position: Firefighter: _____ Medical / EMS: _____ Both: _____

Employer's Name: _____ Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Driver's License #: _____ State: _____ Expiration: _____

Personal Reference: Name: _____ Phone: _____

I, _____, hereby make application to serve as volunteer on the Mantua Fire / Rescue Department as indicated above. I realize 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 be 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 a/ 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 even 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 _____ 20__.

Signed: _____ Date: _____