



## APPLICATION FOR MEMBERSHIP

Position applying for: <input type="checkbox"/> Volunteer Fire Fighter <input type="checkbox"/> Other _____			
Full Name:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <i>mm/dd/yr</i>	Social Security #
Place of Birth: Town & State	Driver's License #	Phone # Cell #	
Current Address, City, State, Zip			
Email Address:			
Emergency Contact:	Relationship:	Home Phone: Cell Phone:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Explain with date & type of charge)			
List all medical problems, past or present:			
List any physical limitations that could affect your ability to perform as a firefighter:			
Would you be willing to take a physical/medical exam (fire fighter position only)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you used any illegal drugs in the last five years including prescription drugs not prescribed for you? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
Would you be willing to take a drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please list any previous fire/EMS experience:			
Agency:		Date of Service:	
Agency:		Date of Service:	
Certifications:			

In a few words, explain what interested you in becoming a Nehalem Bay Fire & Rescue Volunteer?


The information given on this form is, to the best of my knowledge, true and accurate.

Note: You must include with this application the Authorization to Release Information that you received and it must be notarized at time of signature. In addition I authorized the Chief Officer or designated representative to conduct a background investigation.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date