



# INDIAN HILLS FIRE/RESCUE

## APPLICATION FOR MEMBERSHIP

DATE: \_\_\_\_\_

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS ADDRESS: (IF LESS THAN 2 YEARS) \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

STATE NUMBER

EXPIRATION

EMERGENCY CONTACT INFO

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YOUR LEVEL OF EDUCATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRE AND/OR EMS EXPERIENCE (PLEASE PROVIDE COPIES OF CERTIFICATIONS):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO BECOME A VOLUNTEER FIREFIGHTER/EMT?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE ACCEPTED AS MEMBER

\_\_\_\_\_  
APPROVED BY/SIGNATURE

