

VILLAGE OF EAGLE - VOLUNTEER FIRE & RESCUE DEPARTMENT APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

BIRTH DATE: _____ OCCUPATION: _____

EMPLOYER: _____ BUSINESS PHONE: _____

NORMAL WORK HOURS: _____

ARE YOU OVER THE AGE OF 18? **YES** | **NO** (CIRCLE ONE)

DRIVERS LICENSE: _____ ISSUING STATE: _____

HAVE YOU BEEN CONVICTED OF A FELONY? **YES** | **NO** (CIRCLE ONE)

SIGN BELOW TO AUTHORIZE EAGLE FIRE & RESCUE TO CONTACT LAW ENFORCEMENT FOR A BACKGROUND VERIFICATION CHECK.

APPLICANT: _____

FIRE SERVICE EXPERIENCE: _____

CAN YOU PERFORM ALL ESSENTIAL FUNCTIONS OF FIREFIGHTING AND/OR RESCUE, SUCH AS LIFTING, CLIMBING LADDERS, PULLING HOSE, ETC.? **YES**/ **NO**

BY SIGNING THIS APPLICATION, I UNDERSTAND THAT THE FIRE AND RESCUE DEPARTMENT IS NOT A SOCIAL CLUB, AND THAT I WILL GIVE FREELY OF MY TIME TO ATTEND MEETINGS AND CALLS OF THE EAGLE FIRE AND RESCUE DEPARTMENT.

APPLICANT'S SIGNATURE _____
DATE

EXECUTIVE BOARD REVIEW:

1. _____ DATE: _____

2. _____ DATE: _____

3. _____ DATE: _____

APPROVED / DISAPPROVED (CIRCLE ONE) BOARD OF TRUSTEES: _____

APPROVED / DISAPPROVED (CIRCLE ONE) FIRE AND RESCUE: _____

EFFECTIVE DATE OF MEMBERSHIP (IF APPROVED): _____