

AVOCA VOLUNTEER FIRE AND RESCUE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Name: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Social Security #: _____

Age: _____ Married: _____ Single: _____ Dependents: _____

Place of Employment: _____

Fire Service Experience: _____

First Aid Training: _____ CPR: _____ EMT Training: _____

Are you willing to take Fire Training? _____ EMT Training? _____

Do you have a valid Drivers License? _____ Has your license ever been suspended or revoked? _____

Upon completing EMT Training, I agree to remain a resident of Avoca, IA and participate with the Avoca Fire and Rescue Department for one year or repay the EMT Training course fees in full.

Signed: _____ Date: _____

Do you realize that the Fire Department is not a social club, and that as a member you will be required to give freely of your time to attend fires, meetings, drills and work on committees?

I do hereby signify that this application is made with my knowledge and consent this date _____
Signed: _____

I realize that if _____ is accepted for membership in the Avoca Volunteer Fire and Rescue Department, he/she will be giving part of their time to public service and that giving some form of public services is the duty of every citizen. I hereby give my consent to this application.

Spouse Signature: _____ Date: _____