



## Volunteer Firefighter Application

Please print using blue or black ink.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Circle one on each:    Gender: Male    Female    Marital Status: Single    Married    Divorced

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: **Missouri** Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: **Missouri** Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Have you ever been convicted of a misdemeanor? If yes, please explain: \_\_\_\_\_

Valid Driver's License State/Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Note: Department regulations state you must have auto insurance to operate your vehicle.

Auto Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Agency Representative: \_\_\_\_\_

Education: High School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Highest Level of Education Completed:  High School     GED     College     Trade

Degrees: \_\_\_\_\_

List Experience in Fire and/or EMS Training, if none, state NONE: \_\_\_\_\_

If you were a member of another Fire Dept., what was your reason for leaving? \_\_\_\_\_

Are there any reasons you would not participate in rescue calls?     Yes     No

Do you have any physical handicaps or health problems we should know about? \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_