

TIOGA FIRE DEPARTMENT/AMBULANCE SERVICE
APPLICATION FOR MEMBERSHIP

Today's Date _____

Please check department applying for

Sponsor's Name _____

Fire Squad

Ambulance Squad

Full Name _____

Date of Birth _____

Street Address _____

Mailing Address _____

City, State & Zip Code _____

Email Address _____

Driver's License# _____

Present Occupation _____

General Condition of Health _____ Excellent _____ Good _____ Fair _____ Poor

Physical Limitation(s) Please list _____

Previous experience and/or training (please list) _____

Are you currently certified in CPR? _____ Yes _____ No

Please attach copies of all certifications and/or licenses

Are you willing to be on "24 Hour call" when available _____ Yes _____ No

Applicant's signature

For Tioga Fire Department/Ambulance Service Use Only

Application accepted date _____

Application rejected date _____ Reason for rejection _____

Department Official Signature

Date