



# INDIAN HILLS FIRE RESCUE APPLICATION FOR MEMBERSHIP

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

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 INFORMATION

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

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

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

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

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

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

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

YOUR LEVEL OF EDUCATION:

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

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

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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