



# Homer Volunteer Fire Department Member Application

Check all that Apply

Date: \_\_\_\_\_

Fire Fighter ☐ EMT ☐ Technical Rescue ☐ Support ☐

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Physical Mailing

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have a valid driver's license: \_\_\_\_ State: \_\_\_\_ DL # \_\_\_\_\_

Have you ever been a member of a Fire Department? No ☐ Yes ☐

If yes, where: \_\_\_\_\_

Do you have Family members who would be impacted by your membership? \_\_\_\_\_

Do you hold any current Certifications? No ☐ Yes ☐

If yes, which ones: \_\_\_\_\_

Do you have any health impairments, physical or medical that would affect your duties at the Fire Department? No ☐ Yes ☐

If yes, explain: \_\_\_\_\_

Please list 3 references:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you been convicted of a violation of federal or state law, excluding minor traffic violations, within the last 15 year? No ☐ Yes ☐

Please list any traffic violations in the last 5 years.

\_\_\_\_\_  
\_\_\_\_\_

A background investigation is required. Is there anything we should be aware about before giving the above information to the State Troopers for this inquiry? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_