



Homer Volunteer Fire Department

Application

Date: _____

General Membership
First Responders

Recruitment
& Training

Support
Non-Responders

Name: _____
Last First Middle

Address: _____
Physical Mailing

Contact Preference:
Please Check
Call
Text
Email

Phone Number: _____ Email Address: _____

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

Have you been a member of HVFD before? If so when: _____

Have you ever been a member of a Fire Department? No/ Yes if so where: _____

Do you hold any current certifications? if yes which ones: _____

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

Do you know any current members of HVFD? _____

Please list 3 references:

Name: _____ Telephone: _____
Address: _____ Relationship: _____

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Address: _____ Relationship: _____

Name: _____ Telephone: _____
Address: _____ Relationship: _____

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: _____