



Snohomish County Fire Protection District 28
512 Avenue A • P.O. Box 64 • Index, Washington 98256

APPLICATION FOR VOLUNTEER FIREFIGHTER/EMT

_____ LAST NAME	_____ FIRST NAME	_____ MI	
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ HOME PHONE	_____ CELLULAR PHONE	_____ OTHER	
_____ SOCIAL SECURITY #	_____ DRIVER'S LICENSE #	_____ EXPIRATION	
EMERGENCY CONTACT: _____			
_____ NAME	_____ RELATIONSHIP	_____ PHONE #	
_____ PHYSICIAN	_____ ALLERGIES	_____ DATE OF BIRTH	

Please answer the following questions. Your answers are confidential. When complete please seal and return to the Fire Chief.

Do you have any physical conditions that would prevent you from performing the strenuous requirements of a Firefighter/EMT? If yes, please explain.

Have you received Hepatitis B Immunizations? List dates, and attach certification.

Please list any previous fire fighting or emergency medical experience and training. Attach training records and copies of applicable certifications.

_____ SIGNATURE	_____ SOCIAL SECURITY #	_____ DATE
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DEPARTMENT USE ONLY

SENIORITY DATE: _____ PERSONNEL # _____

"Volunteering To Serve Our Community"
(360)-793-0866 • Fax (360)-793-6776 • fire28@premier1.net