

WEST TISBURY FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Address: _____

Mailing address (If different) _____

Phone #: _____ DOB: _____

Cell Phone #: _____ Carrier: _____

Driver _____

license: _____ State: _____ Exp: _____ Class: _____

Social Security #: _____ Trucking experience: YES NO

Education: _____

Employer: _____

Address: _____

Work Phone: _____

In case of accident please contact:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Are you available for: (Please check) A11 _____ Day _____ Night _____ Fires _____

Monthly meeting (1 st Monday of the month): _____

Monthly drills (2nd Monday of the month): _____

Rescue drills (3rd Monday of the month): _____

Please list any physical disabilities or limitations: _____

Allergies _____ Medication _____

Please list all medical training including expiration dates;

(CPR, First Responder, EMT, etc.)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please list all Fire Fighter training including when & where taken: (FF courses, haz Mat, etc.)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Signature: _____ Date: _____

Please fill out completely and bring to the Fire Station

-or you may scan and email to: gpachico@westtisburyfire.org