



ARCATA FIRE PROTECTION DISTRICT

631 NINTH STREET, ARCATA, CA 95521-6204
(707) 825-2000 Fax: (707) 822-7951

APPLICATION FOR VOLUNTEER FIREFIGHTER

Personal Information

Name _____
Last First Middle

Current Address _____
Street Address Space/Apt# City State Zip code

Last 4 of SSN _____ Email _____

Home Phone _____ Cell Phone _____

Is your Driver's License current Yes No _____
State of Issue Class

Are you at least 18 years of age? Yes No

To your knowledge, do you have any physical or mental defects which would prevent you from fully and safely performing the duties of a volunteer firefighter? Yes No

Employer Information

Employer's Name _____ Occupation _____

Employer's Address _____
Street Address City State Zip code

Bus. Phone _____ Supervisor's Name _____

May we contact your employer? Yes No

Educational Background

Type of School	Name of School	Location (city & state)	# of Years Completed	Degree & Year Awarded
High School				

Special Skills / Licenses / Certifications

Please list any additional skills and/or all certificates, documents, licenses, and professional designations that you have to indicate your particular area of expertise or training relative to volunteer services.



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Emergency Contacts

Please provide at least one (1) emergency contact.

1. _____

Name	Phone	Relationship	
Street Address		City	State Zip Code

2. _____

Name	Phone	Relationship	
Street Address		City	State Zip Code

3. _____

Name	Phone	Relationship	
Street Address		City	State Zip Code

References

1. _____

Name	Address / City / State / Zip	Phone
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2. _____

Name	Address / City / State / Zip	Phone
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Applicant's Certification and Release

All written and expressed statements on this application are in fact true to the best of my knowledge. I understand that falsification of information is grounds for disqualification. I authorize the Arcata Fire Protection District, and any of its agents to verify any information on this application and I authorize release of such information. I release the Arcata Fire Protection District from any liability for seeking such information. I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, of the Arcata Fire Protection District.

By signing, you have agreed to the terms and conditions of this application.

Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____

Medical Screen _____

Date

Background _____

Date

Fingerprinted _____

Date