



# ILWACO, WA VOLUNTEER FIRE DEPARTMENT MEMBER APPLICATION



## SECTION 1: PERSONAL INFORMATION

Name of applicant: \_\_\_\_\_  
(LAST) (FIRST) (INITIALS)

Address: \_\_\_\_\_  
(NUMBER) (STREET) (POSTAL CODE)

Health Disabilities/Limitations: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over the age of 16? ☐ YES ☐ NO Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's license: \_\_\_\_\_ Own transportation? \_\_\_\_\_  
(MASTER NUMBER) (CLASS) (ENDORSEMENTS) (YRS DRIVING)

Normal hours of work: \_\_\_\_\_ Do you work out of town? \_\_\_\_\_

Were you ever a member of a Fire Department? \_\_\_\_\_ If yes, where? \_\_\_\_\_

When? \_\_\_\_\_ Positions held? \_\_\_\_\_

Level of training achieved: \_\_\_\_\_ Can you provide references: \_\_\_\_\_

List any first responder qualifications and/or training you have, which may benefit this Department:

Do you anticipate any problems attending meetings/training? \_\_\_\_\_ Emergency Calls? \_\_\_\_\_

## SECTION 2: EMERGENCY CONTACT INFORMATION

Next of Kin: \_\_\_\_\_  
(LAST) (FIRST) (INITIALS)

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Vaccinations: \_\_\_\_\_

Address: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (PROVINCE) (POSTAL CODE)

Work Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Contact Name: \_\_\_\_\_

### PLEASE PROVIDE REFERENCES ON THE REVERSE OF THIS APPLICATION:

- A. Any false statement on this application is grounds for immediate dismissal.
- B. By signing below, you agree to submit to criminal record, child abuse registry, and driving record background checks to be performed by the City of Ilwaco.
- C. References and proof of previous fire service experience if any, to include certification, must be submitted with this application.

**I hereby agree to adhere to the By Laws, Policies and Guidelines of the Ilwaco Volunteer Fire Department.  
I further agree to respond to emergency calls, and to actively participate in meetings, training sessions,  
social functions, and other Department activities when available.**

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

Date of interview: \_\_\_\_\_ Fire Chief Signature: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Comments: \_\_\_\_\_

## **REFERENCES FOR**

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Reference Name:

Title:

Company Name:

Street Address:

City, ST ZIP:

Telephone:

Email:

Relationship:

Reference Name:

Title:

Company Name:

Street Address:

City, ST ZIP:

Telephone:

Email:

Relationship:

Reference Name:

Title:

Company Name:

Street Address:

City, ST ZIP:

Telephone:

Email:

Relationship: