

Application for
Troy Mills Volunteer Fire Department

Name: (L) _____, (F) _____ Date: _____

Address: _____

Cell #: _____ Home #: _____

Fire and/or medical experience, certification numbers:

Driving record and license number:

Are you able to drive a vehicle bigger than a pick up truck, and manual transmission? YES or NO

Have you ever been convicted of a felony? YES or NO If yes, explain:

Hours you work, and hours at home: _____

Do you have any physical disabilities that may impair your performance as a firefighter or health care provider, explain?

Do you have two way radio experience? YES or NO

Do you belong to any other community organizations, explain?

Do you agree to take orders from officers of the Troy Mills Volunteer Fire Department? YES or NO

I verify that all the information provided above is true.

Sign: _____ Date: _____

