

APPLICATION  
SERGEANT BLUFF FIRE DEPARTMENT

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SSAN \_\_\_\_\_

DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_

NIGHT PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

US CITIZEN yes \_\_\_\_\_ no \_\_\_\_\_

IA DRIVER LICENSE # \_\_\_\_\_

DATE EXPIRES \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

HOURS USUALLY AVAILABLE TO MAKE CALLS:

DAY \_\_\_\_\_ TO \_\_\_\_\_

NIGHT \_\_\_\_\_ TO \_\_\_\_\_

WEEKEND \_\_\_\_\_

ANY PHYSICAL OR MENTAL HEALTH PROBLEMS THAT MAY LIMIT YOUR ABILITY TO PERFORM  
FIRE DEPARTMENT DUTIES:

INTERESTED IN: FIREFIGHTER \_\_\_\_\_

AMBULANCE \_\_\_\_\_

LIST ANY PRIOR EXPERIENCE OR TRAINING IN FIRE FIGHTING, RESCUE, OR EMS: \_\_\_\_\_

I hereby request membership on the Sergeant Bluff Volunteer Fire Department. I understand I have the responsibility to respond to emergencies to the best of my abilities. I agree to attend meetings and training as required in the Department bylaws.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Accepted by Fire Department \_\_\_\_\_

Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Accepted by City Council \_\_\_\_\_

Date: \_\_\_\_\_

Mayor: \_\_\_\_\_