



Volunteer Fire Department Application Form

Salisbury Volunteer Fire & Rescue Department (SVFRD) * Salisbury, NH

PERSONAL INFORMATION

DATE: _____

NAME _____
 LAST FIRST MI SUFFIX

ADDRESS _____
 STREET

 CITY STATE ZIP

PHONE _____
 HOME CELL WORK

EMAIL _____

ARE YOU AT LEAST 18 YEARS OLD? YES NO

DL # _____ STATE _____ SS# _____

EDUCATION	HIGH SCHOOL	VOCATIONAL SCHOOL	COLLEGE/ UNIVERSITY	ADVANCED EDUCATION
SCHOOL NAME				
CITY/STATE				
YR. GRADUATED				
DEGREE/AREA				
MILITARY EXPERIENCE <input type="checkbox"/> NONE	BRANCH	HIGHEST RANK	DATES	ASSIGNMENT
FIRE/RESCUE EXPERIENCE <input type="checkbox"/> NONE	FIRE DEPARTMENT	CITY/STATE	HIGHEST RANK	ASSIGNMENT
EMS TRAINING <input type="checkbox"/> NONE	EMR	EMT	AEMT	PARAMEDIC



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List all other training, hobbies, etc. that you may be willing to use in the fire service:

REFERENCES		
NAME	ADDRESS	TELEPHONE NO.

When would you be available to respond to emergencies?

_____ Weekdays _____ Weeknights _____ Weekends

Do you have any medical conditions that would prevent you from doing the physically demanding work of firefighting? _____ YES _____ NO

Have you had a complete physical exam within the last two years? _____ YES _____ NO

List any allergies: _____ Date of last Tetnus shot: _____

After hearing the job description of a volunteer firefighter, do you know of any reason why you could not perform this work? _____ YES _____ NO

Do you have a vehicle that you can drive to emergencies? _____ YES _____ NO

Do you carry liability insurance on all vehicles that you may drive to any emergency? _____ YES _____ NO

Has your driver's license been revoked or suspended in the last five years? _____ YES _____ NO

Do you have any felony convictions or DUI violations? _____ YES _____ NO

Do we have your permission to run a background check? _____ YES _____ NO

Are you willing to submit to a drug test? _____ YES _____ NO

In case of Emergency, Notify: _____	Phone: _____
Relationship: _____	