TIOGA FIRE DEPARTMENT & AMBULANCE SERVICE

APPLICATION FOR MEMBERSHIP

Today's Date _____ Sponsor's Name_____

Department Applying for

- Fire Squad
- Ambulance Squad

Full Name _____ Date of Birth _____

Street Address _____ Mailing Address _____

City, State, & Zip Code _____

Email Address _____ Driver's License # _____

Present Occupation _____

General Condition of Health _____Excellent _____Good _____Fair _____Poor

Physical Limitation(s) Please List _____

_____

Previous experience and/or training (Please list) _____

_____

Are you currently certified in CPR? _____Yes _____No

Are you willing to be on "24 hour call" when available? _____Yes _____No

_____
Applicant's Signature

For Tioga Fire Department & Ambulance Service Use Only

Application acceptance date _____

Application rejection date _____ Reason for Rejection _____

_____

_____
Department Official Signature Date