

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 _____

Cell Phone # _____

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