



# NAPA COUNTY FIRE DEPARTMENT

## APPLICATION FOR VOLUNTEER FIREFIGHTER MEMBERSHIP

Volunteer Department: \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street Address Space/Apt# City State Zip Code

E-Mail \_\_\_\_\_  
Gender M  F  Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is your Driver's License current?  Yes  No If "Yes", State \_\_\_\_\_ DL Number \_\_\_\_\_ Class \_\_\_\_\_

Have you been a member of a paid or volunteer fire department?  Yes  No ; If "Yes", please indicate below:

Department Name \_\_\_\_\_ Start Date (mm/yy) \_\_\_\_\_ End Date (mm/yy) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you minimally covered for auto liability insurance as required by the State of California?  Yes  No

### Employer Information

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street Address City State Zip Code

Bus. Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

### Educational Background

Type of School	Name of School	Location (City & State)	# of Years Completed	Degree and Year Awarded

Please list any additional skills and/or all certificates, documents, licenses, and professional designations that you have to indicate your particular area of expertise or training relative to volunteer services.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_



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## Emergency Contacts

Please provide at least one (1) emergency contact.

1.	_____	_____	_____	_____
	Name	Phone Number	Relationship	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code
2.	_____	_____	_____	_____
	Name	Phone Number	Relationship	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code

## References

1.	_____	_____	_____
	Name	Address / City / State	Phone Number
2.	_____	_____	_____
	Name	Address / City / State	Phone Number
3.	_____	_____	_____
	Name	Address / City / State	Phone Number

## Applicant's Certification and Release

All written and expressed statements on this application and related to the application process are in fact true to the best of my knowledge. I understand that falsification of information is grounds for disqualification. I authorize the Napa County Fire Department, and any of its agents to verify any information on this application and I authorize release of such information. I release the Napa County Fire Department from any liability for seeking such information.

I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, and by-laws of this volunteer fire department and the Napa County Fire Department. I understand that this application is for a volunteer firefighter position where no vested interest in employment is created. A volunteer firefighter is not an employee of the County of Napa.

By signing, you have agreed to the terms and conditions of this application.

Applicant Signature \_\_\_\_\_

Application Completion Date \_\_\_\_\_