

PLEASE CIRCLE ONE: CEM FIRE POLICE



Approved _____
Denied _____
Date _____

**Volunteer
MEMBERSHIP APPLICATION**

PERSONAL INFORMATION	DIRECTOR'S NOTES	
Name _____	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
Address _____		
City _____ State _____ Zip _____		
Day Telephone _____		
Evening Telephone _____		
YOUR PRESENT EMPLOYMENT		
Employer _____		
Address _____		
City _____ State _____ Zip _____		
Telephone _____		
Supervisor's Name _____		
May We Contact Your Supervisor? _____		
Can You Receive Telephone Calls At Work? _____		
Length of Employment _____		
Duties _____		
Days & Times Unavailable _____		

YOUR RELATED EXPERIENCE

Please write the number of months experience you have with each of the following:

_____ Storm Spotting	_____ Mechanical	_____ Nursing
_____ Dispatch	_____ Plumbing	_____ Paramedic
_____ Radio Communications	_____ Electrical	_____ Emerg. Medical Tech.
_____ Search & Rescue	_____ Electronics	_____ 1st Responder
_____ Computer	_____ HVAC	_____ CPR
_____ Software	_____ Hazardous Materials	_____ 1st Aid

REFERENCES					
Name	Address	City	State	Zip	Phone Number

Applicant's Signature _____

Date _____

Thank You For Your Interest In Our Organization
All Information Is Kept Confidential