



Fire Department Task Force Application

Team Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Fire Department: _____ Unit #: _____

Are you willing to attend 4 annual trainings? YES NO Are you able to conduct interior firefighting operations, don all PPE to include a SCBA and perform strenuous work activities? YES NO

If you are not physically able to structurally firefight, are you willing to serve in a command, control or administrative capacity? YES NO

Have you ever been disciplined at your current department for any reason? YES NO

If yes, explain: _____

Training

Please provide a list of all Fire, EMS and ICS trainings completed.

Are you willing to complete the required training necessary for this team? YES NO

Schedule

Please describe your work schedule _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____