



Application for Volunteer Membership

Name:	
Address:	
Phones:#1	#2
E-Mail	
Why do you want to join this Team?	
List previous rescue experience & Training:	
List previous fire & EMS experience & training:	
Do you have experience/training driving emergency vehicles? If Yes, then describe:	
Driver's License Number:	State:
Other Training:	
Will you be able to lift patients or equipment (up to 50 lbs.) With or without reasonable accommodation?	
Will you be able to walk, run, or climb With or without reasonable accommodation?	
Signature:	Date: