

West Columbia Volunteer Fire Department

Volunteer Firefighter Application Form

Personal Information

- **Full Name:** _____
 - **Date of Birth:** _____
 - **Driver's License #** _____
 - **Gender:**
 - Male
 - Female
 - **Home Address:**
Street: _____
City: _____
State: _____
ZIP Code: _____
 - **Phone Number:**
Home: _____
Mobile: _____
 - **Email Address:** _____
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Emergency Contact Information

- **Full Name:** _____
 - **Relationship:** _____
 - **Phone Number:** _____
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Employment Information

- **Current Employer:** _____

- **Job Title:** _____
 - **Employer Phone Number:** _____
 - **Work Hours:** _____
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Health and Fitness Information

- Do you have any medical conditions or allergies that we should be aware of?
 - Yes
 - No
 - If yes, please explain: _____
 - Are you currently taking any medications?
 - Yes
 - No
 - If yes, please list them: _____
 - Are you physically capable of performing strenuous tasks such as lifting, running, and operating firefighting equipment?
 - Yes
 - No
 - Please describe any physical limitations:

-

Volunteer Experience

- Have you ever been a volunteer firefighter before?
 - Yes
 - No
 - If yes, please provide details:

- Do you have any previous experience in emergency services, first aid, or medical training?

Yes

No

If yes, please provide details:

Why do you want to become a volunteer firefighter with the West Columbia Volunteer Fire Department?

(Please provide a brief explanation):

Background Information

- Have you ever been convicted of a felony or misdemeanor?

Yes

No

If yes, please provide details:

Consent and Signature

I certify that the information provided in this application is accurate and true to the best of my knowledge. I understand that providing false information could disqualify me from consideration for volunteer service. I authorize the West Columbia Volunteer Fire Department to conduct background checks and contact my references.

• **Signature:** _____

• **Date:** _____
