

E. Previous Fire Experience

Have you ever been a member of a fire, EMS or emergency service organization? Yes or No

If so, provide the organization name, address, telephone number. Also provide dates of membership.

Have you ever been denied membership to any fire, EMS, or emergency organization? Yes or No

If yes, name of organization and reason:

Have you had fire, rescue, or EMS training? Yes Or No If yes, please attach documentation

Do you have any special skills or abilities that you feel could benefit the fire department?

List any members of the fire department that you already know

*****DO NOT FILL OUT BELOW THIS LINE*****

F. SCFD Administrative Notes

Date

Application Submitted: _____

Copy of Driver's License: _____

Attend Monthly Meeting: _____

Copy of Department SOP's: _____

Issued by: _____

Approved for Membership: _____

Scanned License Copy:

Place ID Here