

Caribou County
Emergency Services
Membership Application Form

Name: _____
DOB: _____ SSN: _____
Home Address (Street, PO Box, City, Zip):

Home Phone: _____ Cell Phone: _____
Email Address: _____

Why do you want to volunteer?

Do you want to become an EMT? Yes _____ No _____
Do you have a valid driver's license? Yes _____ No _____
DL number: _____ State: _____ Exp. Date: _____

If yes, where? _____ Occupation: _____
Work Address: _____

_____ No _____

EDUCATION COMPLETED
Elementary School High School College Graduate School
Area(s) of study:
Are your volunteer hours needed for class credit? Yes _____ No _____
Are your volunteer hours needed for a license requirement? Yes _____ No _____
Are your volunteer hours needed to fulfill a court requirement? Yes _____ No _____
If "yes" to any of the above, explain:

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How many hours can you volunteer per week/month?

Please list your skills, interests, hobbies, community activities:

List previous or current fire, emergency volunteer or paid experience and training:

Are you literate in any languages other than English? Yes, No If yes what languages?

Speak _____ Read _____ Write _____

REFERENCES: List name, address, and phone number of four (4) references: preferably two personal and two professionals:

NAME	ADDRESS	PHONE	RELATIONSHIP

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In case of emergency, please notify:

Name	Address	Phone	Relationship

I hereby authorize Caribou County EMS to conduct a search for any criminal or traffic offenses. This information is to be used to assist the CCEMS in determining my fitness and qualification for a position of trust and responsibility as a volunteer.

Signature:

Date:

Department use only :

Investigation conducted by: _____
Investigation Complete: Yes_____No_____ Completion Date: _____
Approved: Yes_____No_____
Reason for non-approval: _____