



Taylors Bridge Fire Department, Inc.  
Application for Consideration to Serve as a Volunteer Firefighter

Applicant Information			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State: <b>NC</b>	ZIP:	
License #	Ever been convicted of a felon?	Yes	No
Employment Information			
Current Employer:		How long?	
Employer Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Emergency Contact			
Name of a relative:			
Address:			
City:	State:	ZIP:	
Relationship:		Phone:	
Spouse Information			
Name:			
Current Employer:		How long?	
Employer Address:			
Phone:		Fax:	
City:	State:	ZIP:	
References (non-emergency services personnel)			
Name:	Address:	Phone:	

**Emergency Training**

Any previous training in Emergency Services?      YES      NO

Organization	Address:	Phone:

Describe subjects received:

**Medical Situations**

Do you have any medical problems we should know about that could arise during a emergency situation such as but not limited to the following:

**Asthma, High Blood Pressure, Diabetes, Etc..?**

Other:

Taylor's Bridge Fire Dept. is an equal opportunity organization. You will be asked to go before a screening committee during the selection process. If no opening exist, the application will still be considered for any future openings. The applicant should understand that the duties of a firefighter are often hazardous and the risk of injury is always present. By signing below, you agree not to hold Taylor's Bridge Fire Dept. Inc. or any of its members responsible for any accident or loss incurred while serving as a volunteer firefighter.

**Authorize by my signature below, the fire department's verification of the information provided on this for**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_