NOTCHEY CREEK FIRE-RESCUE

MEMBERSHIP APPLICATION — WEBSITE COPY

Based on the NCFR SOG Appendix A application. Department should confirm this copy against its approved application before official use.

Applicant Name: _____

Address: _____

City / State / ZIP: _____

Phone: _____

Email: _____

Date of Application: _____

Emergency Contact / Phone: _____

Current Employer: _____

Work Shift / Schedule: _____

Membership / Service Interest

[ ] Firefighter [ ] Fireground Support [ ] Medical Personnel

[ ] Non-Emergency Support [ ] Other: _____

Driver / Response Information

[ ] Valid driver license verified, when applicable

[ ] Vehicle insurance verified for POV response, when applicable

[ ] Interested in Driver/Operator qualification

Fire / EMS / Emergency Service Experience

_____

_____

Certifications / Training Currently Held

_____

_____

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that acceptance into NCFR does not independently authorize me to perform emergency duties for which I have not been trained, equipped, qualified, and authorized. I agree to comply with applicable NCFR bylaws, policies, SOGs, lawful orders, training requirements, and department rules.

Applicant Signature: _____ Date: _____

Department Use

[ ] Application reviewed [ ] Required background review completed

[ ] Membership action completed [ ] Onboarding checklist initiated

Effective / Start Date: _____ Fire Chief / Designee: _____