

# Mason County Fire District #12

## Volunteer Firefighter Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

How long at present address \_\_\_yrs. \_\_\_months.

Occupation \_\_\_\_\_ How long at present job \_\_\_yrs. \_\_\_months.

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Height \_\_\_' \_\_\_" Weight \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Driver License # \_\_\_\_\_

Next of Kin or person to notify in case of emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Are you in good health?      Yes   No

Have you ever had?

Heart disorder              Yes   No

Back disorder                Yes   No

Hernia                         Yes   No

List any physical handicaps \_\_\_\_\_

Hat size \_\_\_\_\_ Coat \_\_\_\_\_ Pants \_\_\_\_\_ Boots \_\_\_\_\_

**I hereby certify to the truth of the above answers, and to the best of my knowledge, I am in good health. By signing this application, I understand and give permission to Mason County Fire District 12 to perform a Criminal Back Ground Investigation.**

\_\_\_\_\_  
Applicant signature

\_\_\_/\_\_\_/\_\_\_  
Date

**Approval signatures on back of this sheet**