

Mazomanie Fire Department
133 Crescent Street
Mazomanie, Wisconsin 53560

APPLICATION FOR MEMBERSHIP

Name: _____ Phone: _____

Address: _____ Social Security Number: _____

Date of Birth: _____ Drivers License Number: _____

Emergency Contact: _____ Phone: _____

Hospital: _____ Blood Type: _____ Allergies: _____

Doctor: _____ Phone: _____

List any previous firefighting experience: _____

Training and/or Certifications (list year last rained/certified):

Firefighter I _____ Firefighter II _____ First Aid _____ CPR _____ EMT _____

Other: _____

Special Interests: _____

Current employer, trade or profession: _____

Why do you want to joint the Fire Department? _____

Relatives past/present members of the Department: _____

I have read the Bylaws of the Mazomanie Volunteer Fire Department and agree to abide by them.

Signed: _____ Sponsor Signature: _____

Date: _____ 1st Reading: _____ 2nd Reading: _____