

# Sherman Township Fire Dept.

## Volunteer Application

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ D L # \_\_\_\_\_  
\_\_\_\_\_ Class A B C D  
Social Security# \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Normal work Hrs \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Education: Circle The Highest level you have graduated from.

High School Jr. College Tech School College

Are you currently enrolled in a school

Where: \_\_\_\_\_

Degree Program or Curriculum \_\_\_\_\_

Describe any Fire Service or EMS Education \_\_\_\_\_

Describe any Previous Firefighting or EMS experience \_\_\_\_\_

Hours you would be available to respond to calls \_\_\_\_\_

How long have you lived in Leavenworth County \_\_\_\_\_

If accepted, All volunteers are subject to a background check.

Signature \_\_\_\_\_