

Ashland Fire Department Membership Application

Print form and complete

Name	Phone
Address	Email
City/St/Zip	Date of birth
Driver's license number	Driver's license state

Current employer	Job title	Years employed	Can we contact employer?	Yes	No
Employer address	Supervisor's name				
	Supervisor's phone				

Are you presently attending school?	Yes		Name of school and type of courses
	No		

Have you served in the military?	Yes		Which branch	Years served
	No			

Do you have previous Firefighting or EMS experience?	Yes		Which department?	How long at this Department?
	No			
Supervisor's name			Supervisor's phone	

Do you have current Firefighter I certification	Yes		Do you have current EMT license	Yes		License #
	No			No		
List any other qualifications or certifications						

Are you a convicted felon?	Yes		Will you allow the Ashland Police Department to perform a background check on you?	Yes		
	No			No		

I fully understand membership with the Ashland Volunteer Fire Department is voluntary and by signing this membership application I agree to comply with the department's constitution and bylaws if accepted.	
I understand not all applicants will be accepted and become members of the department. I also agree to read and sign the volunteer acknowledgment form in regards to membership.	
Signature	Date

When completed please deliver form to the city administrator at Ashland City hall during regular business hours. Once the application is received you will be contacted by somebody from the fire department for further information.

If you are unable to print this form it is also available at city hall or from the fire department.