



SIMLA VOLUNTEER FIRE DEPARTMENT

PO Box 161, Simla, CO 80835

Application for Membership

NAME _____

ADDRESS _____

PHONE _____

DATE OF BIRTH _____

DRIVER'S LICENSE # _____

SOCIAL SECURITY # _____

LENGTH OF TIME IN SIMLA AREA _____

EMPLOYER OR OCCUPATION _____

I WOULD BE INTERESTED IN SERVING THE DEPARTMENT:

AT FIRES _____

WITH EMS _____

BOTH _____

AVAILABLE FOR SERVICE FROM 8:00 A.M. TO 5:00 P.M. WEEKDAYS? YES[] NO[]

PREVIOUS FIRE EXPERIENCE _____

DO YOU HOLD A VALID COLORADO EMT CERTIFICATE? _____

WOULD YOU BE INTERESTED IN ATTENDING CLASSES TO OBTAIN AN EMT CERTIFICATE ANY TIME IN THE FUTURE? _____

REQUIREMENTS

Section 1: It shall be the duty of every member, on receiving notice of his election, to attend all meetings of the Department, to go immediately to the apparatus on every alarm, and remain where it is stationed, obey all orders issued by the officer in charge, ignoring all other's suggestions, and to acquaint him/herself thoroughly with handling of all apparatus.

SIGNATURE _____

DATE _____