



VOLUNTEER MEMBER APPLICATION  
SOUTH THURSTON FIRE AND EMS

Select the position(s) you are interested in volunteering for

Application Date: \_\_\_\_\_  Firefighter  EMT  Resident Program

**CONTACT INFORMATION:**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ Best way to contact you:  Home  Cell

**PERSONAL INFORMATION:**

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
MONTH/ DAY/ YEAR

AUTO INSURANCE COMPANY: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
MONTH/ DAY/ YEAR

Have you lived in any other state?  Yes  No If yes, where : \_\_\_\_\_

Do you have a clean driving record?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No Misdemeanor?  Yes  No When? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**NOTE** - If you have ever been **convicted of a felony or have had a misdemeanor crime against another individual in the past ten years**, you are not eligible to volunteer with the Department do not proceed with the application process.

**EDUCATION HISTORY:**

SCHOOL NAME/CITY, STATE	YEARS COMPLETED	DEGREE/DIPLOMA

