

Okanogan County Fire District 6

P.O. Box 895 Winthrop, WA., 98862

APPLICATION FOR MEMBERSHIP

Full Legal Name _____

Mailing Address _____

Street Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

How Long at Present Address _____ Occupation _____

Date of Birth _____ Male/Female _____ Social Security # _____

Age _____ Height _____ Weight _____ Hair Color _____

Sizes: Pants _____ Shirt _____ Shoe _____ Glove _____ Hat _____

Are You in Good Physical Health? (Explain if No) _____

Have You Ever Had a Heart Disorder? _____ Kidney Disorder _____ Hernia _____

List Any Physical Handicaps/Allergies _____

Next of Kin or Person to Notify in Case of Emergency:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I HEREBY CERTIFY TO THE TRUTH OF THE ABOVE ANSWERS, AND THAT I AM IN GOOD HEALTH, TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ACKNOWLEDGE THAT A CRIMINAL BACKGROUND CHECK MAY BE CONDUCTED AS PART OF THE APPLICATION PROCESS.

Witness Signature

Applicant Signature

Date _____ Driver's License # / State _____

DO NOT WRITE BELOW THIS LINE

Effective _____, _____ is an active Volunteer
(DATE) (NAME)

Firefighter for Okanogan County Fire District 6, responding to calls at the _____ Station.
This is a Voluntary Position. By the authority of the Board of Commissioners of Okanogan County Fire District 6 and approved by the District Chief signing below:

District Chief

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