

# Gonzales Volunteer Fire Department

## Membership Application

Name: \_\_\_\_\_  
Last First middle

Address: \_\_\_\_\_  
Street City P.O. Box

Previous Address \_\_\_\_\_ moved \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_  
Home Cell Work

Age: AT least 21 and not over 60 US Citizen or Legal Resident

California Drivers' License: \_\_\_\_\_  
Number Class Expires

Employment:

\_\_\_\_\_  
Present Employer from to

\_\_\_\_\_  
Previous Employer from to

May Gonzales contact employer? Yes No

Available for weekday daytime calls: Yes No

Local References:

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

3. \_\_\_\_\_  
Name Relationship Phone

Why do you want to be a Gonzales Volunteer Firefighter?

\_\_\_\_\_  
\_\_\_\_\_

What previous firefighting experience do you have?

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

A signature verifies that all information is true and accurate