

Application for Membership

Tekamah Fire & Rescue Association

Name: _____ Age: _____ Birth Date: _____

Address: _____ Phone Number: _____

Town: _____ Email: _____

SSN: _____

Have you had any fire fighting training or experience? _____ Yes ___ No.

If yes please explain type of experience, location of department, and number of hours or level of training.

Have you had any CPR, EMT or emergency rescue training or experience? _____ Yes ___ No.

If yes please explain type of experience, location of department, and number of hours or level of training.

Are you willing to become an EMT as well as attend other classes to develop or improve your rescue and fire fighting skills? _____ Yes ___ No.

Do you have any physical conditions which would limit your ability to perform fire fighting or rescue activities?

Yes No. If yes, Please explain.

Please list any special skills you have that you would be willing to share which would benefit this department.

Are you willing to serve (12) hours or more a month and on any committee assigned by the President, Fire Chief or Rescue Captain to assure the success of this department? _____ Yes ___ No.

I will give my permission to have a background check and drug screen at any time, _____ Yes ___ No. If NO, Please explain.

Place of
Employment: _____

Applicant's Signature: _____ Date: _____