FIRE ISLAND PINES FIRE DEPARTMENT AUXILIARY
VOLUNTEER APPLICATION

Name: _____

Fire Island Pines Address: _____ Phone: _____
(House Number and Walk)

Permanent Address: _____ Phone: _____
(if different from Fire Island Address)

Email address: _____

Mobile Phone Number: _____ Phone Carrier: _____

Driver's License Number: _____ State: _____

Emergency Contact: _____ Phone: _____
(Include relationship to contact)

Volunteer Interests

___ Clerical/Office /Computer ___ Food/Breakfast Service ___ Bingo

___ Radio Operation ___ Transport Vehicle Operation ___ Fire Scene First Aid Rehabilitation

___ Community Activities (Open House and BBQ) ___ Pedestrian Control/Fire Police

___ Other _____
(be as specific as possible)

Anything you want to say about your application or interest in joining?

_____

_____

_____

Signature: _____ Date: _____