Tri-Valley Volunteer Fire Department

Office (907) 683-2223
tvvfd@mtaonline.net
www.trivalleyfire.org

PO Box 146
Healy, AK 99743

On-Call Responders Application

Name: _____ **Birthdate:** _____
First Middle Initial Last

Home # _____
Area of Interest: Fire EMS **Work #** _____
Cell # _____
Mailing Address: _____ **E-Mail** _____
_____
_____ **SS#** _____

Physical Address: _____

Driver Lic # & State: _____ **Endorsements:** _____

Emergency Contact: _____
Name Relationship Phone #

Personal Preferences: Name Address Phone #
1 _____
2 _____

Current Certifications: (attach copies)(Use the back of the application if you need more room.)
Date of Issue Title Expiration (if listed)

_____
_____
_____
_____

I hereby make application for membership in the Tri-Valley Volunteer Fire Department. As such, I certify that the information fiven on this application is true and complete to the best of my knowledge. I further understand that if I deliberately conceal or enter false information on this application, my name may be removed from consideration or I may be removed as a responder with the department.

Signature: _____ **Date:** _____

Attachments:

Volunteer Oath	Medical Questionnaire
W-4 (if applicable)	Respiratory Questionnaire
I-9 (if applicable)	Copy of Driving Record (if anticipated to be a driver)