

# Brooklyn Fire Department Volunteer Application

## Contact Information

Name:		
Street Address:		
City, ST, ZIP Code:		
Telephone number:		
E-mail Address:		
Date of Birth:		
Social Security Number:		
Driver License Number:		Expiration:

## Availability

During which hours are you available for volunteer assignments?

- |                    |                    |
|--------------------|--------------------|
| Weekday mornings   | Weekend mornings   |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings   | Weekend evenings   |

## Employment

Are you currently employed?	YES	NO	
May we contact your workplace for a reference?	YES	NO	
Name of Employer:			
Street Address:			
City, ST, ZIP Code:			
Telephone Phone:			
E-Mail Address:			
Do you have any medical history that would interfere with Firefighting?	YES	NO	
Have you ever been arrested/convicted of a felony?	YES	NO	
If yes, what was the offence and date convicted?			

The public places significant trust in those they invite into their home to help in a time of need. The Brooklyn Fire/EMS Protection District takes this expectation seriously and is required by statute to assure that personnel do not have a criminal or driving history that will interfere in performing ones duties.

