



Fort Smith Volunteer Fire/EMS Application

Applicant Information

Full Name: _____ Date: _____
Last First Initial

Address: _____
Street Address Apartment/Unit #

City Territory Postal Code

Primary #: _____ Email _____

Home Phone: _____ Work Phone: _____

Can you produce a clean driver Abstract? YES NO Are you able to pass a driver medical? YES NO

Can you produce a clean criminal record? YES NO

Employer Information

Employer: _____ Occupation: _____

Approval: _____ Date: _____
Supervisor's Name Supervisor's Signature

Education and Training

Please list all education or training you may have related to Fire or EMS:

Institution: _____ Course: _____

Institution: _____ Course: _____

Institution: _____ Course: _____

Institution: _____ Course: _____

Institution: _____ Course: _____



Emergency Contacts

Please provide two emergency contacts:

Full Name: _____ Relationship: _____
 Cell Phone: _____ Home Phone: _____
 Email Address: _____

Full Name: _____ Relationship: _____
 Cell Phone: _____ Home Phone: _____
 Email Address: _____

References

Please list two references. One should be your current or most recent employer.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Fire/EMS Experience

Department: _____ Phone: _____
 Address: _____ Supervisor: _____

May we contact your previous Supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Applicant's Signature: _____ Date: _____

Fire Chief's Signature: _____ Date: _____

Thank you for your interest in joining the Town of Fort Smith Protective Services team! We will review your application, assess our current volunteer needs, and be in touch soon.