



MOUNT ANGEL FIRE DISTRICT

300 Monroe Street
Post Office Box 335
Mount Angel, OR 97362
mafd@mtangel.net

Please print or type – fill out completely

Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Social Security# _____ ODL# _____

Home Phone _____ Message Phone _____

Present Employer _____ Occupation _____

Address _____ City State, Zip _____

Phone _____ Work Hours _____ Work Days _____

Supervisor _____ Length of Employment _____

May we contact your supervisor/employer? YES NO

How long have you resided within the Mt. Angel Fire District? _____

Can you leave work for emergency calls? YES NO

Can you be late for work because of an emergency call? YES NO

Have you ever been a member of another fire or EMS Agency? _____

Do you have any specialized skills? Please list: _____

Are you currently certified as an EMT? YES NO If yes,
please attach a copy of certification or letter of reciprocity.

Please attach a copy of any fire certifications you may have.

EDUCATION

School	Name & Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School or GED					
College					
Graduate					
Business or Trade					

Please explain your interest in becoming a member of the Mt. Angel Fire District _____

Attach another sheet of paper if necessary.

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- All Mt. Angel Volunteer Firefighters/EMT's must possess a valid Oregon Driver's License and be an insurable driver.
 - Volunteers are required to be at least 18 years of age prior to being considered for membership.
 - All Mt. Angel Volunteer Firefighters/EMT's are required to live or work within the boundaries of the fire district.
 - All Mt. Angel Volunteer Firefighters are required to successfully complete the Mt. Angel Fire District recruit training program.
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Please read the following carefully and sign below:

Have you ever been convicted of a felony on or after your eighteenth birthday? **YES** **NO** (Do not include traffic violations or misdemeanor offenses)

If yes, please attach a short explanation outlining the circumstances of your conviction. Please indicate the date, location and nature of the office. Convictions are not disqualifying criteria.

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my status as a member be terminated.

Applicant Signature _____ **Date** _____