

CENTRAL FIRE DEPARTMENT

East Baton Rouge Parish 11646 Sullivan Rd. Baton Rouge, La 70818 Phone (225) 261-2000 Fax (225) 261-6932 Bill Porche Fire Chief

VOLUNTEER FIREFIGHTER APPLICATION

Name:	DOB:	Age:	
Address:Home Phone:		City:	Zip:
Home Phone:	Work I	Phone:	Sex:
S.S. Number:	Driv	er's License #:	
Single Married Spouse	's Name:		
# of Dependents:	_ Ages:		
Employer:		Occupation:	
Hours Worked:		Education:_	
Height:	Weight:		
Military Record: Unit a	and Duties:		
 Are you pro Do you have Firefighter Have you have 	and surgery in the last esently on any medic	t 3 years? eations? tions that would p tions in the past 3	revent you from being A
List any skills and train List any college or othe			department:
understand that as a me possibly work on comm I certify that the answers o	mber, you will be requittees as well as responding this application are truplication to be rejected.	quired to attend me cond to fire and me ue to the best of my k	Do you eetings, training, drills, and edical emergencies? knowledge. I know that any false ng with being a Firefighter comes a
I release the CFPD #4 to o membership with the Cent			I Driving record) concerning my
Signed: Please attach copy of Driv Certificates.	er's License, Current Cl	Date: PR & 1 st Responder	Card, & any other training
	SERVI	ING	