



City of Craig
Volunteer Fire Member Application

The position you are applying for: _____

Name: _____

Last Name

First Name

Middle Name

Birthdate: _____

Email Address: _____

Can we add you to our mailing list? _____

Physical Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Are you legally authorized to work in the United States? _____

Are you legally authorized to drive (not a requirement)? _____

Do you have any physical or health limitations that could inhibit your ability to lift and move patients? _____

(Please note: Volunteering is not contingent on applicant meeting minimum physical/ mental demands of the position)

If you answered yes, please explain:

