

Town of Oshkosh Volunteer Fire Department

230 E. County Rd. Y
Oshkosh, WI 54901-9715



“Serving Since 1938”

APPLICATION FOR MEMBERSHIP

Last Name: _____ First: _____ MI: _____

Date of Birth: _____ SSN: _____

Driver License Number / Expiration: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Employed By: _____

Work Shift (Hours): _____

Typical Hours Available: _____

Emergency Contact: _____ Phone: _____

Spouse Name: _____ Phone: _____

If you answer “Yes” to any of the following, please explain on next page.

1. Do you have any physical disabilities? Yes / No
2. Are you allergic to anything? Yes / No
3. Have you ever been convicted of a crime? Yes / No
4. Do you have any tickets, accidents, DUI's on your driving record? Yes / No
5. Are you presently enrolled in high school? Yes / No
6. Do you have any prior firefighting experience? Yes / No
7. Are you available on Monday evenings (training and meetings)? Yes / No

EXPLANATIONS OF QUESTIONS FROM FRONT PAGE

Why do you want to join the Town of Oshkosh Volunteer Fire Department?

Please list 3 people for recommendations (Names and Phone Numbers)

- 1. _____
- 2. _____
- 3. _____

Please return this application to a member of the Fire Department or mail to Town of Oshkosh Fire Department, 230 E. County Rd. Y, Oshkosh, WI 54901.

A background check and driver license check will be done on each applicant. Each application will be also reviewed by the fire department for consideration for membership. The Town Board has final approval of membership.

Sign below, acknowledging that you've supplied truthful answers on this application.

Signature: _____ Date: _____