

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

