



Satsuma Volunteer Fire Department

Name:

DOB:

Address:

Soc. Sec. #:

Home Phone:

Email:

Volunteer Interest:

To volunteer, you must be at least 18 years old and a City of Satsuma resident.

Firefighter Only _____ EMT Only _____

Firefighter/EMT _____

Employers:

Please list your employers for the past five years.

Company Name

Address

Phone Number

Company Name	Address	Phone Number

Experience and Education:

Name and Address of School

Year Graduated

High School:

College:

Please attach copies of all fire and/or EMT certifications, cards and licenses.

Fire and/or EMT Experience:

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

I understand that as an active member of the Satsuma Volunteer Fire Department I will be required to attend emergencies, drills, training, meetings and work details as well as follow the by-laws of the department.

By signing and submitting this application I attest that all statements above are true and authorize the Satsuma Volunteer Fire Chief and/or their agents to verify. I give authorization for a motor vehicle and criminal background check to be performed, and any other background review deemed necessary.

Applicants signature: _____ Date: _____

To submit an application please include:

- Signed application for membership
- Photocopy of your driver's license
- If applicable, copies of fire and/or EMT certifications, cards and licenses

Mail your application, or drop it off at the department any time.

Satsuma Volunteer Fire Department – Chief
P.O. Box 517
Satsuma, AL 36572

Questions? Email the Fire Station at cmiller@cityofsatsuma.com