



Bayview Volunteer Fire Department

Skagit County Fire District 12

Membership Application

Name: _____
 First M.I. Last

Address: _____

Phone(s): _____ Email: _____

Drivers License #: _____ Exp Date: _____

Commercial Driver License #: _____ Exp Date: _____

Birthdate: _____ Social Security #: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone(s): _____

Do you have any restrictions, health or otherwise, that would effect your ability to perform the duties of a firefighter? **Y/N**

If yes, please explain:

Do you wear glasses? **Y/N** If yes, can you see well enough without them to be able to use self contained breathing apparatus (SCBA)? **Y/N**

_____ Date of application: _____

Applicant signature

_____ *Admin Use* _____

Application approved by: _____ *Hire date:* _____