



Potterville Fire Department
MEMBERSHIP INTEREST FORM

THANK YOU FOR YOUR INTEREST IN THE POTTERVILLE
FIRE DEPARTMENT.

PLEASE FILL OUT THIS FORM AND YOU WILL BE
CONTACTED FOR AN INTERVIEW.

NAME _____

ADDRESS _____

PHONE(s) Home _____ Cell _____

E-Mail _____ BEST TIME TO CALL _____

TYPE OF MEMBERSHIP YOU ARE INTERESTED IN

FIREFIGHTER/EMS _____ (18 and over) EMS ONLY _____ (18 and over)

CORPORATE/BENEFACTOR _____ Junior (17-18) _____

Do you have prior firefighting or EMS experience

Yes No Which _____ Where _____

For those seeking active crew status only

Please Print

- Why do you want to join our department-

Use back of form if needed

Please answer Yes or No below

- If you live outside the response area, can you sleep a minimum of 2 night per week at the station_____
- Can you attend drills and meetings every Wednesday from 7PM-9PM_____
- Are you available to stay at the station for natural disasters_____
- Are you willing and able to attend training classes that may last upwards of 6 months 2 nights a week_____
- You will be expected to pay for these classes up front and reimbursed upon successful completion is this an issue_____

Signed_____Date_____

PLEASE DEPOSIT COMPLETED FORM IN THE CHIEF'S MAIL BOX