



Volunteer Application

Southern Shores Volunteer Fire Department

15 S. Dogwood Trail

Southern Shores, NC 27949

Phone: 252.261.2272

FAX: 252.255.0551

| Contact Information | |
|---------------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| E-Mail Address | |
| Date Of Birth | |
| Social Security # | |
| Driver's License # | |
| State of Driver's License | |

| Previous Firefighting Training / Experience |
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| |

| Person to Notify in Case of Emergency | |
|---------------------------------------|---------------|
| Name | Relationship: |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |



Volunteer Application

| Beneficiary | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| Relationship | |

| General Medical | |
|-----------------|--|
| Family Doctor | |
| Telephone | |
| Address | |

| Agreement and Signature | |
|--|--|
| <p>By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</p> | |
| Name (printed) | |
| Signature | |
| Date | |

| Approval | |
|------------------------|--|
| Chief's Name (printed) | |
| Signature | |
| Date | |