

MIKE VAN LOBEN SELS Acting Fire Chief

Acting Fire Chief (209) 966-3622

MARIPOSA COUNTY FIRE DEPARTMENT

P.O. Box 162 Mariposa, CA 95338 Telephone: 209-966-4330 Fax: 209-966-0252 BERNIE QUINN Division Chief (209) 966-4330

Neighbors Helping Neighbors

In cooperation with CAL FIRE

VOLUNTEER FIREFIGHTER APPLICATION

| Name: (Print) | | |
|--|--------------------|------------|
| Mailing Address: | | |
| Resident Address: | | |
| Driver's License Number: | Class: | Expires: |
| Telephone Number: | Mobile Number: | |
| E-Mail Address: | and the second | |
| Emergency Notification: Name: | SA Cov | |
| Address: | OF YOSEN VI | |
| Telephone Number: | Relationship: | |
| Firefighting Experience/Training: Yes: | No: If yes. | , explain: |
| | | |
| Medical Experience/Training: Yes: | No: If yes, ex | plain: |
| Certificates: | | |
| Emergency Medical Technician: Yes: | Expiration Date: _ | No: |
| EMS First Responder: Yes: Expira | tion Date: | No: |
| CPR/AED: Yes: Expiration Date: | No: | |
| Other, Explain: | | |
| | | |



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| Have you ever been convicted of a crime, or plead guilty or plead no contest to a crime? |
|--|
| No: Yes: Explain: |
| |
| Have you ever paid a traffic fine in excess of \$150.00? No: Yes: |
| Explain: |
| |
| Please indicate how you became aware of this volunteer opportunity: |
| |
| I certify that the above information is correct to the best of my knowledge. |
| Signature: Date: |
| A "California Department of Motor Vehicles" printout with the applicants name is required. Please attach to the application. |
| Return application to: |
| Mariposa County Fire Department, 5082 Bullion Street, Mariposa, CA 95338 |
| Mail to: |
| Mariposa County Fire Department, P.O. Box 162, Mariposa, CA 95338 |