

# Application for West Roane County Volunteer Fire Department Associate Member

## Personal Information

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
(Last, First Middle)

Address: \_\_\_\_\_  
(Street, City, State Zip)

Phones: Home:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

## General Information

Employer: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Any Felony Convictions: \_\_\_\_\_

**In Case of Emergency, Notify:**

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(Name, Phones)

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(Address, Relation to you)

I understand that I have to take a drug test after my probationary period to become an Associate Member of the West Roane County Volunteer fire Department.

Signature: \_\_\_\_\_

Date (m/d/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fill this application and mail it to:

West Roane County Volunteer Fire Department  
P.O. Box 417  
Rockwood, TN 37854