



# CUBA CITY

VOLUNTEER FIRE DEPARTMENT

108 N Main Street  
Cuba City, WI 53807  
PH: 608-744-2024  
FAX: 608-744-7433  
EMAIL: cubacityfire@gmail.com

## APPLICATION FOR MEMBERSHIP

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

References \_\_\_\_\_

Name	Address	Telephone #
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Present Employer \_\_\_\_\_

What hours do you normally work? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name	Telephone #
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Do you have any past experiences in firefighting or rescue duty? \_\_\_\_\_

State your condition of health and describe any physical conditions (inability to lift, cardiac history, etc.) that you feel other firefighters should know about when they are working with you at a scene: \_\_\_\_\_

*"I understand that I will be required to attend meetings, drills, and classes, including a 60 hour Entry Level Firefighter Training Course within the first year of being a member. I also understand that I will be responsible for department issued equipment.*

*I hereby release any municipal, state, or federal law enforcement agency, individual, or institution, including representing officers and personnel, both individually and collectively, of any and all liability for damages of whatever kind, which may result to me, my heirs, my family or associates, because of compliance with this authorization to release information, or from any attempt to comply with it."*

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_



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