

**Nine Mile Ridge Volunteer Fire Department
Auxiliary Application**

Full Name: _____

Street Address

City _____ State _____ Zip _____

Email _____ Phone

DOB _____ Social Security # _____

Driver's License # _____ State Issued

Date Issued: _____ Date Expires

List any experience you have related to fundraising?

Have you ever been convicted of a crime? If yes, please explain:

By signing this application, you give your consent to a background check.

Signature _____ Date

(Will need a copy of your driver's license with your application)