Lowell Rural Fire Protection District

Fire/Rescue/EMS

389 N. Pioneer St. Lowell, Or. 97452 541-937-3393

Resident Volunteer Application

All pages of the application must be complete and in the applicants own handwriting. If the applicant requires assistance in completing the application, please notify a District representative.

Date of application					
Name					
Last		First	Middle		
Present Address					
		Street	City	Zip	
Phone	· · · · · · · · · · · · · · · · · · ·				
Home		Work	Me	ssage	
Date of Birth		Dı	river Lic. #		_
Have you ever be If yes, please exp					
If yes, please exp	olain:			ast three years? _	
High School Dinlo	ma/Degre	e No	_ Location Yes (GED	
Віріо	ma, Dogre	1		Institution award	
College Diploma/I	Degree	_NoYe	Location s		
Technical/Trade : Diploma/I	School Degree	_NoYe	Location s		
Professional Sch Diploma/I		ertification_	Location No Yes		

Please list any special skills, training or educational courses that might contribute to the position applied for:

Work Experience				
Current Employer	Phone #			
Address	Position			
Previous Employer	Phone #			
Address	Position			
Sponsorship (if applicable) Provide the name(s) of District personal	sponsoring your membership.			
School or Institution currently enrolled				
Major	Expected Graduation Date			
attributes you would bring to the organiz	e written doubled spaced page, explaining what ation as a Resident Volunteer Fire Fighter. And uld benefit the organization and community.			
Provide a resume and brief statement de EMS field.	etailing your future goals in the Fire Service or			
Return completed application with other	required material to Fire Chief.			
Office use only				
Date Received				
Date Joined				
Records on File:				