



Chena-Goldstream Fire and Rescue Board of Directors Application Form

Applicant's Name _____

Residence Address _____

City/State/Zip _____

Mailing Address _____

City/State/Zip _____

Work Phone _____

Home Phone _____

Cell Phone _____

E-mail: _____

Are you currently a volunteer fire fighter/EMT for Chena-Goldstream Fire and Rescue: ___ Yes ___ No

Statement of Interest:

Brief Personal Biography (or attached short resume)

Professional Licenses/Training _____

Applicant's Signature _____ Date _____

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For Office Use Only

Date Received _____ By _____