

Swannanoa Volunteer Fire Department
Application 1.0
For Public Member Board Seat

Please Print

First Middle Last

Number Street City State Zip

Home Phone Number Cell Phone Number E Mail Address

I have lived in the Swannanoa Fire District since _____
What year ?

I am subject to the Swannanoa Fire District Tax? Y N

In the last 12 months, I have attended ____ monthly Swannanoa Fire Dept. Board meetings.

I am interested in becoming a member of this Board because _____

I have had experience in fire & rescue. Y N If yes, please explain where, when, positions
of authority, name of organization & how long? _____

I am a current or have been a board member of a non-profit organization. Y N If yes,
please explain where, what positions of responsibility, name of organization & how
long? _____

As all applicants are subject to a background check, the following information must be provided:
Do you have a criminal record? Y N If yes, list all misdemeanor and/or felony convictions

Birth date Social Security # Driver License #
Month Day Year _____

The information provided herein is, to the best of my knowledge, true and correct. I agree and understand that all information provided herein and any other requested information may be verified by the Board of Directors and/or their assignees. Therefore, by virtue of my signature as shown below, I authorize the Board of Directors and/or their assignees including but not limited to, any and all law enforcement agencies to verify the information as provided herein. Furthermore, I release and hold harmless all of the Board of Directors, The Swannanoa Volunteer Fire Department and any and all of their assignees from any and all liability for any claim or damage resulting there from including but not limited to errors, omissions contained or omitted from any and all reports and investigations.

Name Please Print Name Signature Date