



WETUMPKA VOLUNTEER FIRE DEPARTMENT, INC.
APPLICATION FOR FIREMAN

Please Print:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Social Security Number: _____

Drivers License Number: _____

*List any experience, training or certificates earned (i.e. EMT, CPR)

**Wetumpka VFD will provide the basic training needed on all our equipment.*

Fill out completely

**Mail to
Wetumpka VFD Inc.
P.O. Box 1031
Quincy, Florida 32353-1031**

**or drop off at the station
25 McCall Bridge Road**