



YODER VOLUNTEER FIRE DEPARTMENT

JUSTIN BURKART

FIRE CHIEF

307.575.3471

YODEREMA@GMAIL.COM

Member Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____ Height / Weight _____

Spouse's Name: _____

Spouse's Phone: () _____ Alternate Phone: () _____

Drivers License Information

Drivers License Number: _____ Class: _____

Endorsements: _____ Restrictions: _____

Expiration Date: _____

Work Information

Employer: _____ Work Location: _____

Contact Name: _____ Phone Number: () _____

Hire Date: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

DEPARTMENT USE ONLY

Applicant Signature

Approved / Denied

Fire Chief Signature

Date