

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

*Creston Firefighter's Association*

*4498 Montana 35  
Kalispell, Montana 59901*

**(PLEASE PRINT)**

Applying for: <input type="checkbox"/> Associate Membership Area of Interest is: _____	Date of Application: _____
How Did You Learn About Creston Firefighter's Association? <input type="checkbox"/> Printed materials <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> EMS Agency <input type="checkbox"/> Relative <input type="checkbox"/> Sponsor _____	

Last Name _____ First Name _____ Middle Name _____				
Address Number	Street	City	State	Zip Code
Spouse's Name: _____			Home Phone Number _____	
Email Address: _____			Cell Phone Number _____	

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever volunteered with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

Current Employer: \_\_\_\_\_

Are you prevented from lawfully volunteering in this Country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required.*

Have you ever been convicted of a felony or a crime?  Yes  No

If Yes, please explain. Give date, location, and disposition.  
(Include felony, misdemeanor and traffic)

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Describe any <b>past experience or skills related to your area of interest.</b>

State any <b>additional information</b> you feel may be helpful to us in considering your application.

We consider applicants for Associate Membership without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Applicant's Statement:** I certify that answers given herein are true and complete.

- I understand that my volunteer status is subject to Creston Volunteer Firefighter Association's terms.
- I understand that this Application does not constitute my acceptance as an Associate Member of Creston Firefighter's Association.
- I understand, that I am required to abide by all rules and regulations of Creston Volunteer Fire Department.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_