



City of Etna Etna Fire Department

VOLUNTEER/PAID PER CALL APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Have you been previously employed by Etna Fire Department or the City of Etna?

Yes or No

If yes, why did you leave?

Licenses and Certifications: (Check all that apply) (Copies will be required prior to start)

<input type="checkbox"/> California Driver's License	<input type="checkbox"/> Title 22/PSFA
<input type="checkbox"/> Firefighter Endorsement	<input type="checkbox"/> ICS 100
<input type="checkbox"/> EVOS/EVOC	<input type="checkbox"/> ICS 200
<input type="checkbox"/> BLS Provider Certification	<input type="checkbox"/> ICS 700
<input type="checkbox"/> SSV EMS Cert. (EMR,EMT or paramedic)	<input type="checkbox"/> ICS 800
<input type="checkbox"/> NREMT (EMR,EMT or NRP)	<input type="checkbox"/> Hazmat FRO

Please list any other certifications and experience:

Emergency contact: _____

Signature and Date: _____