

1) How did you hear about our Springville Firefighter's Auxiliary?

2) Why would you like to join the Springville Firefighter's Auxiliary?

3) Have you ever been a part of a Fire Department or a part of another Auxiliary? If so, which one(s) and why did you leave?

4) Would you be interested in joining our Squad 10?

(This is an optional squad available within our group that will sometimes be called out to active call scenes when needed by the Springville Fire Department)

_____ If yes, are you at least 18 years of age? _____
yes or no yes or no

I confirm that the above information is complete, truthful, and accurate to the best of my knowledge. By signing my signature below I give the Springville Firefighter's Auxiliary permission to review my application, which may involve contacting the Springville Fire Department or other Fire Departments or Auxiliary's if applicable. By signing I also give the Springville Firefighter's Auxiliary permission to keep this application and information in their records while my application is under review and while I am an active member if accepted.

Applicant's Name (please print): _____

Applicant's Signature: _____

Date Signed: _____/_____/_____

Thank you so much for your interest in joining our Springville Firefighter's Auxiliary!
If you have any questions please feel free to contact our current president or any of our active members. You may send the completed application to any of our active members or you can sent it to our current president, whose information is listed below:

Megan Barry

Nillancheeky@gmail.com

716-771-8048