

Carroll Fire District Auxiliary

Annual Membership Application

This application must be completed and submitted annually to establish or renew Auxiliary membership.

APPLICANT INFORMATION

Full Name

Date of Application

Home Address

City / State / ZIP

Home / Cell Phone

Email Address

Membership Type

- ☐ New Applicant
- ☐ Renewal

Year(s) of Prior Service (if renewal)

AREAS OF INTEREST — CHECK ALL THAT APPLY

Please indicate which volunteer activities you are interested in participating in this year.

- ☐ Administrative Support (office work, recordkeeping, correspondence)
- ☐ Cleaning the Fire House
- ☐ Fundraising
- ☐ Recognition for Volunteers (planning appreciation events, awards)
- ☐ Event Help Only (assisting at community/department events)
- ☐ Other: _____

AVAILABILITY

Please indicate the general times you are available to volunteer.

- ☐ Weekday Mornings
- ☐ Weekday Afternoons
- ☐ Evenings Only
- ☐ Weekends Only
- ☐ Flexible / Anytime

Other / Additional Notes on Availability:

CARROLL FIRE DISTRICT AUXILIARY

EMERGENCY CONTACT INFORMATION

To be used in the event of an incident or emergency while you are working an Auxiliary event.

Emergency Contact Name

Relationship to Applicant

Emergency Contact Phone

Alternate Phone

Known Allergies / Medical Conditions Responders Should Be Aware Of (optional)

MEMBERSHIP COMMITMENT

- ☐ I understand that Carroll Fire District Auxiliary membership requires a minimum of **10 hours of volunteer service per year**, and that failure to meet this minimum may affect my continued membership.
- ☐ I understand that this application must be **completed and renewed annually** to remain an active Auxiliary member.

SIGNATURE

By signing below, I certify that the information provided on this application is accurate and complete.

Applicant Signature

Date

For Office Use Only

Date Received

Approved By

Membership Year