



**Doug Binnewies**  
 Sheriff  
 Fire Chief

**MARIPOSA COUNTY  
 FIRE DEPARTMENT**

P.O. Box 162  
 Mariposa, CA 95338  
 Telephone: 209-966-4330 Fax: 209-966-0252

**Bill Hodson**  
 Assistant Fire Chief

**Curtis Jackson**  
 Deputy Fire Chief



*Neighbors Helping Neighbors*

**VOLUNTEER FIREFIGHTER APPLICATION**

Name: (Print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Notification: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Firefighting Experience/Training: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Medical Experience/Training: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Certificates:

Emergency Medical Technician: Yes: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ No: \_\_\_\_\_

EMS First Responder: Yes: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ No: \_\_\_\_\_

CPR/AED: Yes: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ No: \_\_\_\_\_

Other, Explain: \_\_\_\_\_

\_\_\_\_\_

*"Putting our community first, understanding they deserve nothing less!"*



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Have you ever been convicted of a crime, or plead guilty or plead no contest to a crime?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever paid a traffic fine in excess of \$150.00? No: \_\_\_\_\_ Yes: \_\_\_\_\_

Explain: \_\_\_\_\_

Please indicate how you became aware of this volunteer opportunity: \_\_\_\_\_

**I certify that the above information is correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A "California Department of Motor Vehicles" printout with the applicants name is required. Please attach to the application.

Return application to:

Mariposa County Fire Department, 5082 Bullion Street, Mariposa, CA 95338

Mail to:

Mariposa County Fire Department, P.O. Box 162, Mariposa, CA 95338

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