

Haubstadt Fire Territory Application

Please print using Black or Blue Ink.

Name: _____ Phone Number: _____
Address: _____ Birthday: _____
Email Address: _____

Emergency Contacts

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Medical Information

Doctor: _____ Phone Number: _____
Hospital: _____ Phone Number: _____
Medical Conditions: _____

Allergies: _____

Do you take any Medications? Yes No

If Yes, List the medications and what condition is for: _____

Background Information (use another sheet of paper if more space is needed)

(A background check will be done as well)

Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc)

Yes No

If Yes, Please list the date(s) and what the charge(s) were/was: _____

Additional Information (use another sheet of paper if more is needed)

What interests you the most about becoming involved with Haubstadt Fire Territory?

Please list other activities, in detail, that you are involved in.

Applicant Signature and Date

HFT Use:

Fire Chief Approval: _____