



**St. John Parish Office of Fire Services**  
1801 West Airline Hwy.  
LaPlace, LA 70068

**Volunteer Member Application**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Notification \_\_\_\_\_ Phone # \_\_\_\_\_

**LIST ANY TRAINING OR CERTIFICATIONS RELATED TO THE FIRE SERVICE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IT IS AGREED AND UNDERSTOOD THAT AS A VOLUNTEER MEMBER OF THE ST. JOHN PARISH OFFICE OF FIRE SERVICES I WILL FOLLOW THE POLICIES AND PROCEDURES SET FORTH BY THE OFFICE. MY MEMBERSHIP CAN BE TERMINATED AT ANY TIME BY THE CHIEF OF OPERATIONS AND THERE WILL BE NO APPEALS.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN THIS APPLICATION SIGNED WITH A PHOTO COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED, DRIVERS LICENSE, AND PROOF OF TRAINING.**

APPROVED FOR MEMBERSHIP \_\_\_\_\_ DATE \_\_\_\_\_