

Dukes County Fire Training Council  
Fire Fighter I Program  
**STUDENT APPLICATION**

STUDENT INFORMATION: Please fill in all information.

NAME: \_\_\_\_\_  
                    LAST                                    FIRST                                    MI                                    RANK

ID# (Social Security or Driver's License) \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_  
                    POB or Street (home)                                    TOWN                                    ZIP

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

HOME PHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_

FIRE DEPT: \_\_\_\_\_

I certify that I am a duly appointed member of the above fire department, that I am at least 18 years of age, and am covered by my department's insurance during this training.

SIGNATURE of Student: \_\_\_\_\_