

Polk County Fire Department

VOLUNTEER APPROVAL FORM

Last Name _____ Station _____

DATE

Associate _____ Firefighter 1 _____ Firefighter 2 _____

Volunteer chief / Auxiliary President

--/--/--Background Check -----Approved -- Denied -----
Name Title

--/--/-- Physical: Pass Fail -----
Name Title

--/--/-- Blood borne Pathogens -----
Name Title

--/--/-- Hazardous Materials -----
Name Title

--/--/-- E.V.O.C. -----
Name Title

--/--/-- Firefighter 1 -----
Name Title

--/--/-- Final Approval ---Approved ---Denied -----
Chief, Polk County Fire Department