

Southeast Iowa Regional Fire Honor Guard

P.O. Box 133 W. Burlington, Ia. 52655

Application for Membership

Name: _____ D.O.B.: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ - _____ - _____

Cell Number: _____ - _____ - _____

Email Address: _____

Are you currently a member of a fire department? Yes No Years of service. _____

Fire Department information, please provide contact information below.

Fire Department Name: _____

Fire Department Address: _____

Fire Department Phone Number: _____ - _____ - _____

Fire Department Chief: _____

What is the best way to contact you regarding upcoming events?

Telephone Text Message Email US Postal Service

When are you available for events? (please check all that apply)

Mon Tue Wed Thurs Fri Sat Sun

Previous Honor Guard experience: Yes No

Previous Military experience: Yes No

Signature: _____

Date: ____/____/____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, respectfully request and authorize the Des Moines County Sheriff's Office to furnish the Southeast Iowa Regional Fire Honor Guard of any and all information that you may have concerning me, or my reputation. This includes, but not limited to, the following information:

1. Criminal Records and Report

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the Southeast Iowa Regional Fire Honor Guard in determining my acceptance as a member.

I hereby release you, your organization or anyone furnishing such information from any and all liability for damages of whatever kind or nature which may at any time result to me from furnishing the information requested above on account of compliance or attempts to comply with this authorization.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in your files.

Printed Name

Signature of Applicant

Alias/Maiden Name

Date

Address

City, State, Zip Code

Driver's License and State Date of Birth Sex Social Security Number

SUBSCRIBED AND SWORN TO BE ME on this the ____ day of _____, 20__.

Notary Public

My Commission Expires: