



## Wollaston Township Fire Department

# Volunteer Contact Data Form

Please complete all sections of this form and return it to your immediate supervisor. If your information changes, please provide updated information within 7 days.

Full Legal Name			
Date of Birth			
Social Insurance #			
Drivers License #			
<b>Mailing Address</b>			
Street Address			
City		Postal Code	
<b>Contact Information</b>			
Email Address			
Phone Number		Phone Number Alt	
<b>Emergency Contact Information</b>			
Name		Relation	
Phone Number			

### “Who’s Responding” Application Information

The cellphone number you provide is the most important information on this sheet – please ensure it is correct. This application is how we contact first responders to respond to calls.

Cell Phone Number	
Cellphone Provider	
Types of Alerts	<input type="checkbox"/> Receive Text Messages <input type="checkbox"/> Receive Phone Calls <input type="checkbox"/> Receive Emails

### Declaration

I declare that all the information I have provided on this form is complete, accurate and true. I understand that information must be kept up to date, and that I will communicate changes with my supervisor (Captain, Chief, or Deputy Chief, as appropriate).

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE