



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 #			
Mailing Address			
Street Address			
City		Postal Code	
Contact Information			
Email Address			
Phone Number		Phone Number Alt	
Emergency Contact Information			
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