



COUNTY OF SONOMA

Department of Emergency Services

FIRE SERVICES * EMERGENCY MANAGEMENT * HAZARDOUS MATERIALS



ADD NEW / DELETE EXISTING / CHANGE VFD PERSONNEL

DEPARTMENT: _____

LAST NAME: _____ FIRST NAME: _____

ADDED DELETED CHANGE EFFECTIVE DATE: ____/____/____

TITLE: FIREFIGHTER-TRAINEE SUPPORT ADMIN SUPPORT MEDICAL/OTHER SUPPORT

FIREFIGHTER ENGINEER CAPTAIN CHIEF

BOARD MEMBER/FIREFIGHTER BOARD MEMBER (title): _____

DRIVER LIC. #: _____ CLASS: [yellow box] DOB: ____/____/____

HOME ADDRESS: _____

City _____ State _____ zip _____

HOME PHONE #: ____-____-____ ALTERNATE #: ____-____-____

EMAIL: _____

APPROVED BY: _____

PRINT NAME

SIGNATURE

TITLE

DATE: ____/____/____

(ONE PERSON PER SHEET) Please Mail form to Department of Emergency Services 2300 County Center Dr. #221-A, Santa Rosa, CA 95403

&/or Fax form to 707-565-1172

Attn: Shawna Chase

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