

SUGAR HILL FIRE DEPARTMENT

Member Questionnaire

Name: _____ Date: _____

Please list any previous Fire Fighter / Rescue / Emergency Medical experiences and certifications you have in the past 10 years.

EXPERIENCE/CERTIFICATION	YES	NO
Firefighter I		
Firefighter II		
CPR		
First Aid - What Level?		
EMT - What Level?		
SCBA		
CDL: <input type="checkbox"/> Air Brakes, <input type="checkbox"/> TT, <input type="checkbox"/> Tank, <input type="checkbox"/> Haz Mat		
Haz Mat: <input type="checkbox"/> Awareness, <input type="checkbox"/> Operations, <input type="checkbox"/> Technician		
Other:		
Other:		

Understanding that every member comes to the department with a variety of skills, talents, and experiences. Considering what you bring to the department, complete the following table.

Situation / Skill	Will do	Prefer not	Will not
Inside firefighting (wearing SCBA, etc.)			
Drive apparatus			
Operate Pumps at fires			
Work at heights (on roof:2-3 stories)			
Heavy lifting, physical labor			

Please list any skills or hobbies that you have that may be of service to the Sugar Hill Fire Department. This might include being artistic or a good photographer or something similar. **(Think outside-the-box)**
