

900 East Second Street
P.O. Box 1251
Benicia, Calif. 94510

(707) 745-1688



...CALIFORNIA'S OLDEST VOLUNTEER FIRE DEPARTMENT - FORMED 1847

CORPORATION APPLICATION

Solano Engine Company #1

Name: _____ Date of Birth: _____

Home Address: _____

Home Phone No.: (____) _____ Alternate Phone No.: (____) _____

Driver's License No.: _____ State: _____ Class: _____ Endorsements: _____

Sex (*circle one*): M F Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

E-mail Address: _____

Employer: _____

Address: _____

Business Phone No.: (____) _____ Length of Employment: _____ Years, _____ Months

Education (*circle highest level*): HS Diploma Associate's Degree Bachelor's Degree Master's Degree

College Attended: _____ Major / Minor: _____

Medical Information: Do you have any medical or physical disabilities or other limitations that could effect your participation in the activities of the Corporation? (*circle one*): Y N

Emergency Contact: _____ Relationship: _____

Phone No.: (____) _____ Alternate Phone No.: (____) _____

Date of Application: _____

For Corporation Use

Date of Solano Interview: _____ Interview Panel: _____

Anniversary Month / Year: _____

