



# CDF/COUNTY FIRE SAN MATEO-SANTA CRUZ

## VOLUNTEER CAPTAIN APPLICATION

COMPANY NUMBER \_\_\_\_\_  
DATE APPLICATION SUBMITTED \_\_\_\_\_

**INSTRUCTIONS:**

- Please **PRINT** or **TYPE** the requested information on this application.
- If an item does not apply to you, mark the space with “**N/A**”.
- DO NOT** LEAVE **ANY** SPACES BLANK.
- Please attach copies of the required certificates.

NAME: \_\_\_\_\_  
*Last*
*First*
*Middle*

### REQUIRED CERTIFICATIONS

<b>CERTIFICATION</b>	<b>DATE COMPLETED</b>
<input type="checkbox"/> 24 months experience as a “ <b>VOLUNTEER ENGINEER</b> ”	
<input type="checkbox"/> SFM Command 1C	
<input type="checkbox"/> SFM Instructor 1A	
<input type="checkbox"/> SFM Fire Management 1	
<input type="checkbox"/> Must pass a written exam and manipulative skills exercise	

TRAINING CHIEF VERIFICATION OF TRAINING: \_\_\_\_\_ DATE: \_\_\_\_\_

I CERTIFY THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MAY RESULT IN DISMISSAL AS A VOLUNTEER FIREFIGHTER FOR CDF/COUNTY FIRE.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The signatures below are approval and confirmation that the above stated Volunteer meets or exceeds the qualifications to be a “Volunteer Captain” for CDF/ County Fire as outlined in the *Santa Cruz County Volunteer Firefighter Handbook*.

COMPANY OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BATTALION CHIEF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OPERATIONS CHIEF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_