
KENESAW VOLUNTEER FIRE DEPARTMENT

Application to Join

Name: _____

Birthdate: _____

Driver's License: _____

Occupation: _____

Hours of the day worked: _____

Phone: Daytime: _____ **Nighttime:** _____

Address: _____

Years living in this area: _____

Do you intend to continue living in the area? YES NO

Previous fire or emergency medical experience? YES NO

If yes, explain: _____

Are you willing to train in firefighting and extrication? YES NO

Are you willing to train in emergency medical areas? YES NO

Please complete this application and submit it to the Village office –

Drop-off: 109 N. Smith Avenue

Mail: PO Box 350, Kenesaw, NE 68956

Fax: 402-752-3222

Email: rlong@kenesaw.org

*We thank you for your interest. If we need someone with
your qualifications we will contact you.*