



RECRUIT ACADEMY REGISTRATION

If you have any questions regarding the application process, please contact Administrative Assistant Sarah Morgan at 360-275-6711 or by email at smorgan@northmasonrfa.com.

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
Last First

Title/Rank: _____ Gender: ☐ Female ☐ Male

Physical Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Fire Department: _____

Department Contact: _____ Title/Rank: _____

Email Address: _____ Phone Number: _____

CERTIFICATIONS

Please indicate if you have the following certifications (include a copy with your registration):

- ☐ First Aid and Healthcare Provider CPR
☐ Emergency Medical Technician

MISCELLANEOUS

T-Shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

SUBMISSION

Completed applications can be sent via email or fax to:

Attn: Sarah Morgan, Administrative Assistant
Phone: 360-275-6711
Fax: 360-275-6224
Email: smorgan@northmasonrfa.com