



**Application for Fire District Board Position**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Years living in the Fire District \_\_\_\_\_

Are you available one night a month on the third Tuesday of the month from 6:00 PM to 8:30 PM

YES \_\_\_\_\_ NO \_\_\_\_\_

Please list the reasons you are interested in applying and any special skills you bring to this position.

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Signature

Return to  
Siletz Fire District  
PO Box 380  
Siletz, Oregon 97380

Please contact us at [office@siletzfire.com](mailto:office@siletzfire.com) with any questions.