

# *Fire District No. 3*

TOWNSHIP OF HANOVER, COUNTY OF MORRIS

## **Prospective Member Contact Information Sheet**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

Best Way to Contact You?	Home Phone	Cell Phone	E-Mail
Best Time to Contact You?	8 AM – 12 PM	12 PM – 6 PM	6 PM – 9 PM

**I Am Interested In A Volunteer Position As:**

**Emergency Medical Technician (EMT)**

**Firefighter**

**Junior Firefighter**

**Junior EMT**

Notes: \_\_\_\_\_

Please complete and email to [jschultz@htfd3.com](mailto:jschultz@htfd3.com) or mail to Hanover Township  
Fire District 3, PO Box 511, Cedar Knolls, NJ, 07927