

CDDCFHI B-H-9G'K H<'

H<9'; @9B85@9': F9'89D5F HA 9BH

Please fill out and submit the following Interest Card,
and we will keep your information in our database for at least 6 months.

- Do Not Mail This Form -

DYfgcbU' -bZcfa Uhjcb	
First Name <input type="text"/>	Last Name <input type="text"/>
Address <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Phone <input type="text"/>	Alternate Phone <input type="text"/>
E-mail Address <input type="text"/>	US Citizen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Valid Driver's License <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> License	Class A <input type="checkbox"/> Class B <input type="checkbox"/> State <input type="text"/>
Other Spoken Languages <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Class B-Restricted <input type="checkbox"/> Class C <input type="checkbox"/>
GdUb]g\ 5fa Yb]Ub ?cfYUb 7UbrcbYgY J]YrbUa YgY CH\Yf	

9Xi W]h]cb / HfU]b]b[
Education <G ; 98 DUFUa YX]W 9A H 65#6G 55#5G	Number of Units <input type="text"/>
Fire Science Certificates	
: JfY'5VWXYa m : JfYZ[\hYf' = : JfYZ[\hYf' = <Una UhiHYW#GdYW '79FH	

7UFYYf Cddcfri b]mi-bZcfa Uhjcb	
I would like more information on: : JfY'9l d`cfYf : JfY'7UXYh : JfYZ[\hYf 5a Vi `UbW`CdYfUrcf '79FH'7'UggYg	
I would be interested in training programs hosted by the Glendale Fire Department <input type="checkbox"/> <input type="checkbox"/>	
Other Information or Questions? <input type="text"/>	
I authorize the Glendale Fire Department to send me requested information by E-mail <input type="checkbox"/> <input type="checkbox"/>	

NOTE: To insure notification or requested information, you must keep your personal contact information current with us. The Glendale Fire Department will not notify those that fail to comply with these requirements.
All notifications will be via email.