

**DeKalb County Fire Department
Application to Hold the Office of
Secretary/Treasurer**

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth (mm/dd/yy): _____

Please answer the following questions with “yes” or “no”:

1. **Have you been an active member of DCFD for a minimum of 2 years?** _____
2. **Do you have good personal computer skills?** _____
3. **Do you have good math computation skills?** _____
4. **Are you willing to take training associated with fire reporting software, if needed?** _____
5. **Do you have good reading and writing skills?** _____

Applications must be submitted no later than December 31 of each year, prior to the annual officer elections in January.