

**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. Do you have good personal computer skills? _____
2. Do you have good math skills? _____
3. Have you been an active member of DCFD for a minimum of 2 years?

4. Are you familiar with the department’s fire reporting software?

5. Do you have good literacy skills? _____

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