

VOLUNTEER SEPARATION FORM

NAME: _____

ADDRESS: _____

VOLUNTEER CORPORATION AFFILIATION: _____

FIRE/EMS DEPARTMENT ID NUMBER: _____

REASON FOR LEAVING CORPORATION: _____

VOLUNTARY

DISCIPLINARY

(IF ADDITIONAL INFORMATION IS REQUESTED, NAME AND PHONE NUMBER OF CONTACT PERSON)

**SIGNATURE OF VOLUNTEER CHIEF/PRESIDENT OR AUTHORIZED CORPORATE OFFICER
SUBMITTING SEPARATION FORM:**

CHIEF: _____ **DATE:** _____

PRESIDENT: _____ **DATE:** _____

CORPORATE OFFICER: _____ **DATE:** _____

DISTRIBUTION:
WHITE: Fire Commission
YELLOW: Investigator
PINK: Local Company