Waverly
A Great Place to Grow

Waverly Volunteer Fire/Rescue Department
Membership Application

Name: Brianna Kosmicki Date: 06/29/2026

Are you 18 years of age or older? (Circle one) YES or NO Occupation: Realtor

Do you live or work in Waverly? (Circle one) YES or NO Email:

Previous Experience involving Fire and Rescue

1) Department Name and Location: N/A

Date Started: _____ Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

2) Department Name and Location: _____

Date Started: _____ Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

(If needed please attach additional department details to your application)

Training Please list course names, date completed, where taken and who instructor was. Please be able to present certificates if needed.

1. _____
2. _____
3. _____

(If needed please attach additional training details to your application)

Applicant Signature: BKosmicki Date: 06/29/2026

Fire Chief Signature: Robert R Hoffman Date: 7/21/26

Emergency Services Coordinator Signature: N/A Date: N/A

**********Administrative Use**********

Background Check: ☒ Passed ☐ Failed

Drug Screen: ☒ Passed ☐ Failed

Clerk Signature: _____ Date: 7-22-26

Waverly
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Waverly Volunteer Fire/Rescue Department
Membership Application

Name: Taylor Walter Date: 06 / 29 /20 26

Are you 18 years of age or older? (Circle one) YES or NO Occupation: Dispatcher

Do you live or work in Waverly? (Circle one) YES or NO Email:

Previous Experience involving Fire and Rescue

1) Department Name and Location: _____

Date Started: _____ Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

2) Department Name and Location: _____

Date Started: _____ Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

(If needed please attach additional department details to your application)

Training Please list course names, date completed, where taken and who instructor was. Please be able to present certificates if needed.

1. CPR AHA certification 02/2026 taken at LPD - Instructor Andrew Hayden
2. _____
3. _____

(If needed please attach additional training details to your application)

Applicant Signature: _____ Date: 06/29/26

Fire Chief Signature: _____ Date: 7/21/26

Emergency Services Coordinator Signature: N/A Date: N/A

**********Administrative Use**********

Background Check: ☒ Passed ☐ Failed

Drug Screen: ☒ Passed ☐ Failed

Clerk Signature: _____ Date: 7-24-26

Waverly
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Waverly Volunteer Fire/Rescue Department
Membership Application

Name: Tyra Rose Date: 6/29/2026

Are you 18 years of age or older? (Circle one) YES or NO Occupation: CNA / Forklift driver

Do you live or work in Waverly? (Circle one) YES or NO Email:

Previous Experience involving Fire and Rescue

1) Department Name and Location: ~~Waverly VE~~ NA

Date Started: _____ Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

2) Department Name and Location: _____

Date Started: _____ Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

(If needed please attach additional department details to your application)

Training Please list course names, date completed, where taken and who instructor was. Please be able to present certificates if needed.

1. _____
2. _____
3. _____

(If needed please attach additional training details to your application)

Applicant Signature: Tyra Rose Date: 6/29/26

Fire Chief Signature: Robin L Hoffman Date: 7/21/26

Emergency Services Coordinator Signature: N/A Date: N/A

**********Administrative Use**********

Background Check: ☒ Passed ☐ Failed

Drug Screen: ☒ Passed ☐ Failed

Clerk Signature: _____ Date: 7/23/26