

Application for Membership in the Mobridge Volunteer Fire Department

**Send to: Mobridge Fire Department PO Box 871 Mobridge, SD 57601
Or Print and drop off at City Hall during business hours or in the drop
box at City Hall after hours. Please print the employer authorization and
email or drop off separately after obtaining signature.**

Employer's Authorization to Respond to Fire Calls

Employer's Business name and address _____

Printed Name of Supervisor _____

Supervisor's Phone _____

Printed Title of Supervisor _____

I hereby authorize (employee name) _____ to respond to fire calls during
business hours.

Supervisor's Signature _____ Date _____