



**Clay County**  
**Department of Public Safety**  
**Volunteer Firefighter Division**  
www.claycountyfirerescue.org

**Notice of**  
**Volunteer Change of Status**

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Cannot perform my duties as a firefighter for medical reason for \_\_\_\_\_ Days or  
until \_\_\_\_\_ (Month, day, and year). I understand I must have clearance  
from Company Care before returning back to full duty.

2. Change my name from \_\_\_\_\_  
To \_\_\_\_\_.

3. Change my address from \_\_\_\_\_  
To \_\_\_\_\_

4. Change my phone number from \_\_\_\_\_  
To \_\_\_\_\_

5. My Drivers license has been suspended/revoked effective \_\_\_\_\_

6. My Drivers license has been reinstated effective \_\_\_\_\_

Please print clearly so it can be read as this is an official document.