

Springtown Community Volunteer Fire Company Membership Application

Type of membership: (circle one) Active Junior Probationary

Personal Information

Name: _____ Age: _____ DOB: _____
(Last) (First) (Middle)

Address: _____ Home (____) _____ - _____
Social Security #: _____ - _____ - _____

Emergency Contact: _____ Phone #: (____) _____ - _____

Relation: _____

Miscellaneous

Drivers License #: _____ Expiration: _____ Classes: _____
(State)

Do you have any restrictions that would prevent you from operating department apparatus? _____

If so, what are they? _____

Have you ever been convicted of a crime? _____ If so, what was the crime? _____

Are you a citizen of The United States? _____

Are you currently, or have you ever been in the military? _____ If so, what branch? _____

Rank: _____ Date of Discharge: _____

**If you are under the age of 18, do you have working papers? _____ ID #: _____ Date: ____ / ____ / ____

References

Please list three references not related to you.

1. _____
(Name) (Phone #) (Years known)

2. _____
(Name) (Phone #) (Years Known)

3. _____
(Name) (Phone #) (Years Known)

Education

Highest level of education completed: 9 10 11 12 School attended: _____

College / Trade School: _____

Course of study: _____ Type of degree: _____

Related Experience

Have you ever applied for membership with SCVFC before? _____

If so, when? _____ Were you accepted? _____ If not Why? _____

Are you currently a member of another volunteer organization? _____

If so, what organization? _____ Title: _____

How long with this organization? _____ Supervisor's name: _____

May we contact this organization? _____

Fire Education: _____

Related Education: _____

Physical – Health

Family Physician: _____ Phone #: () _____ - _____

Do you have any health problems that would limit you from performing any Fire Fighting activities? _____

If so, what are they? _____

Do you currently take any prescription medication? _____

If so, what are they? _____

Do you have any allergies: _____ If so, what are they? _____

Have you had the Hepatitis Vaccination? _____ If so when was the final shot? _____

When was your last PPD? _____ Was the result Negative or Positive? _____

By signing below signifies that you have completed this application to the best of your knowledge, and that all information provided is true, and that you will adhere to any and all Bylaws or Operating Procedures as set forth by the company. Springtown Community Volunteer Fire Company will not deny membership to any individual due to their race, creed, handicap, religion, age, sex or ethnic background. A \$5.00 membership fee must be paid upon submitting application. If your membership application is denied for any reason, the \$5.00 membership fee will be refunded to you.

Signature: _____

Date: ___/___/___

Membership Fee Paid: _____

If you are under the age of 18 and are interested in becoming a member with the Springtown Community Volunteer Fire Company, a written consent must be presented with this application from a parent or legal guardian. No persons under the age of 18 will be permitted to apply for membership without this consent.

Parent/Guardian: _____ Date: ___/___/___

Please print Parent/Guardian name: _____

First Reading: ___/___/___

Second Reading: ___/___/___

Approval: Yes No