

North Warren Volunteer Fire Department, Inc.

Application for Membership

Date _____
Name _____ Date of Birth _____
Home Address (Street) _____ City _____
Township _____ State _____
How long have you lived at this address? ____ years ____ months
If less than three years, give previous addresses and dates for the past three years: _____

Home Phone # (____) ____ - ____ Business Phone # (____) ____ - ____
Occupation _____ Marital Status _____
Social Security # _____ Driver's License # _____

Name and Address of Employer (name) _____
Street _____ City _____ State _____

List any and all physical defects _____

List any training or previous experience in fire or ambulance work _____

In what parts of the department do you wish to take part: Ambulance ____ Fire ____ Social ____

Next of kin to be notified, in case of accident: Name _____ Relationship _____
Address _____ City _____ State _____ Phone # (____) ____ - ____

Give two personal references that have known you for at least two years. (NWVFD members, if possible)

Name _____ Address _____ Phone # (____) ____ - ____
Name _____ Address _____ Phone # (____) ____ - ____

Do you have a criminal record? _____ If yes, give dates, place, and offense: _____

To the best of my knowledge, the above statements are accurate, and I hereby give the Membership Committee of the North Warren Volunteer Fire Department, Inc. permission to contact my references, employer, and any law enforcement agency concerning my character.

Signed _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Membership Committee Remarks:	1 st Reading	2 nd Reading
Name _____	(Favorable) (Unfavorable)	(Favorable) (Unfavorable)
Name _____	(Favorable) (Unfavorable)	(Favorable) (Unfavorable)
Name _____	(Favorable) (Unfavorable)	(Favorable) (Unfavorable)
	Date _____	Date _____