Montgomery County Volunteer Fire Service
_____District

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

DATE OF APPLICATION _____

NAME:_____
(LAST) (FIRST) (MI)

ADDRESS:_____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: ( ) _____- _____ WORK PHONE: ( ) _____ -_____

SOCIAL SECURITY #: _____-_____-_____ AGE: _____ DATE OF BIRTH: _____/_____/_____
MM DD YY

DRIVERS LICENSE #: _____ STATE: _____ ~ MALE ~ FEMALE

REFERRAL SOURCE: ~ ADVERTISEMENT ~ FRIEND ~ RELATIVE ~ OTHER: _____

OCCUPATION:_____ PLACE OF EMPLOYMENT: _____

HAVE YOU PREVIOUSLY BEEN A MEMBER OF ANY VOLUNTEER SERVICE: ~ YES ~ NO

IF YES, WHERE: _____ NUMBER OF YEARS: _____

HAVE YOU BEEN CONVICTIVED OF ANY FELONY WITHIN THE LAST 3 YEARS? ~ YES ~ NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF DUI? ~ YES ~ NO

I WILL BE ABLE TO SERVE AT LEAST _____ TWELVE HOUR SHIFTS PER MONTH

LIST SPECIAL SKILLS OR TRAINING: _____

I, _____, being at least 18 years of age, do hereby certify that all answers are true and complete to the best of my knowledge and will abide by all of the rules and regulations of the Montgomery County Volunteer Fire Service and the applicable District Station. I also agree that the above information may be run through the National Crime Information Center (NCIC) check and Local Check.

_____
SIGNATURE OF APPLICANT

NOTE: Members of the Volunteer Fire Service are personally responsible for any equipment issued to him/her.

FOR OFFICIAL USE ONLY: ~ APPROVED: CALL SIGN ASSIGNED: _____

SHIFT ASSIGNED: _____

~ DISAPPROVED – REASON: _____

APPLICANT NOTIFIED: _____
DATE

_____ _____
MEMBERSHIP COMMITTEE MEMBERSHIP COMMITTEE