

Application for Membership

Volunteer Division

Name _____ Application Date ____/____/____

Address _____

Home Phone (____) _____ Cell/Other # (____) _____ Email _____

Place of Employment _____

Occupation _____

Emergency Services Experience _____

How were you referred to our department? _____

Answering "Yes" to the following question does not constitute an automatic bar to membership. Factors such as date of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Have you ever plead "guilty" or "no contest" to, or been convicted of, a crime? Yes No

If Yes, please explain

Have you ever been fired or asked to resign from a job? Yes No

If Yes, please explain

Applicant's signature _____ Date ____/____/____

President's signature _____ Date ____/____/____

Chief's signature _____ Date ____/____/____