

Membership Application

(Please Print All Answers)

Name: _____ Date: _____

Place of Employment: _____

Work Phone: _____ Home Phone: _____

Have you ever been a member of a fire department? _____

If yes, where _____ How long did you belong? _____

For what reason did you leave the department? _____

Are you in good health? _____ Do you have any physical defects or limitations that would affect your ability to perform the duties of a fire fighter? _____

If so, please state what they are: _____

Would you be willing to come to training sessions on regular set dates? _____

Would you be willing to attend all regular monthly department meetings? _____

Are you willing and able to take orders from superior officers? _____

Do you consent to a 6 month probationary period before becoming a permanent member? _____

Do you have your own transportation with proof of insurance? _____

Please list organizations to which you belong: _____

I affirm that I have answered the above questions (and back of page) honestly and to the best of my ability and do hereby make application to become a member of the Pinos Altos Volunteer Fire Rescue.

Signed: _____ Date: _____

Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

e-mail: _____

Marital Status: _____

Blood Type: _____

Drivers License number: _____

Social Security number: _____

In Case of Emergency Notify:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

List EMS / Fire Fighter / HazMat Training Completed

Department Use Only:

Date 1st Meeting _____ Date 2nd Meeting/Probationary Membership _____

6th Month Permanent Membership _____ Chief's Signature _____