

Spring Creek Volunteer Fire Department

Application for Membership

NAME _____
(last) (first) (middle)

ADDRESS _____

HOME PHONE _____ CELL/PAGER _____

DATE OF BIRTH _____ SOC SEC # _____

EMAIL _____

NC DRIVERS LICENSE # _____

(Be prepared to provide a copy of this license for records)

HEIGHT _____ WEIGHT _____ BLOOD TYPE _____

PLACE OF EMPLOYMENT _____

EMPLOYER ADDRESS _____

SHIFT _____ LENGTH OF EMPLOYMENT _____

**IF LESS THAN ONE YEAR, GIVE NAME AND ADDRESS OF
PREVIOUS EMPLOYER _____

WOULD YOUR EMPLOYER ALLOW YOU TO LEAVE WORK IN
CASE OF FIRE OR
EMERGENCY? _____

DO YOU HAVE ANY PHYSICAL CONDITION WHICH MIGHT
RESTRICT YOUR DUTIES AS A MEMBER OF THE FIRE DEPT.? IF
SO, EXPLAIN _____

NAME OF SPOUSE _____

NAME OF PERSONAL PHYSICIAN _____

EDUCATION:

HIGHEST GRADE LEVEL COMPLETED(circle one) 10 11 12 13

14

LIST ANY ADVANCED EDUCATION (ie, college)_____

LIST 3 CHARACTER REFERENCES (OTHER THAN RELATIVES)

Name	Address	Phone	Length of Acquaintance
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HAVE YOU HAD ANY FIRE OR RESCUE TRAINING? _____
IF YES, GIVE SPECIFICS _____

WHY DO YOU WISH TO BECOME A MEMBER OF THE SPRING CREEK VOLUNTEER FIRE DEPARTMENT? _____

NOTIFY IN CASE OF EMERGENCY:

Name _____

Address _____

Phone _____

I hereby declare that all statements on this application are true and complete to the best of my knowledge, and I agree to allow this application to remain the property of Spring Creek Volunteer Fire Department and to be kept in my permanent records.

Signature

Date

Date Membership Voted on Applicant _____

Accepted _____ Rejected _____
Initials _____