



QUEEN ANNE-HILLSBORO VOLUNTEER FIRE COMPANY



APPLICATION FOR MEMBERSHIP

(Committee member only **Date application was received ___/___/___)

Name _____
First Middle Last

Nickname or Preferred Name _____

Are you under age 18? NO YES (if under age parent signature required)

Home Address _____

Phone; Cell _____ Work _____ Other _____

Email Address: _____

Occupation _____

Please check type of membership you wish to join under:

- A) _____ FIREFIGHTER
- B) _____ EMERGENCY MEDICAL TECHNICIAN
- C) _____ ADMINISTRATIVE
- D) _____ ASSOCIATE (member in good standing at a sister company)
- E) _____ CADET (16 & 17 years of age)

I, (name) _____ Understand that I will need to pay \$1 for the current year's Membership Dues within 2 weeks of becoming a probationary member, and \$1 for every year after that for Annual Membership Dues. It is also understood that if Annual Membership dues are not paid (in person at a regular meeting) within sixty (60) days, when due, my membership will terminate. I will abide by the constitution and by-laws of the Queen Anne-Hillsboro Volunteer Fire Company.

Signed _____ Date _____

Have you ever been convicted of any Motor Vehicle Violations?

NO YES If Yes, Reason/Explanation: _____

Would you object to a criminal background check? NO YES

Has your driver's license ever been suspended in any state? NO YES

If yes, Reason/Explanation: _____

Certain training requirements call for a Medical Release form,

Would you object to a physical exam? NO YES

Any reason you would not be able to perform the duties required for the membership you have applied for?: _____

Do you have any emergency service training, such as Firefighting, First Aid, EMT, CPR?

Any relevant training that should be included in your file?

Are you or have you been a member at another fire department? NO Yes

If yes, organizations name, date of membership, and reason for leaving? _____

Special skills, interest, or hobbies _____

Foreign Languages spoken or read _____

References

List as character references two persons whom you have known for at least three years and who are not related to you or past employers:

1) _____
Name _____ Address _____

Telephone number _____ position/occupation _____

2) _____
Name _____ Address _____

Telephone number _____ position/occupation _____

3) _____
Name _____ Address _____

Telephone number _____ position/occupation _____

In case of an emergency please notify the following:

Name _____ Relationship _____
Address _____
Phone (home) _____ (work) _____ (cell) _____

I hereby acknowledge that all facts presented in this application are true to the best of my knowledge and authorize the officers of the *Queen Anne Hillsboro Volunteer Fire Company*, Membership Committee to conduct a full investigation of my background and of the information listed above. I fully understand that any false information presented by me is automatic grounds for refusal and that my application to the *Queen Anne Hillsboro Volunteer Fire Company* may be refused for any reason deemed appropriate. I understand that the *Queen Anne Hillsboro Volunteer Fire Company* does not discriminate based on race, age creed, gender, ethnicity, or physical impairment. I will not hold the *Queen Anne Hillsboro Volunteer Fire Company* or any member responsible for information revealed, discussed, or presented during this investigation. If elected I will not object to any physical or eye examination conducted by a physician determined by the *Queen Anne Hillsboro Volunteer Fire Company*.

Note* You may be terminated at any time during your probation period without notice.

Date of Application ____/____/____ Signature _____

Applicants under the age of eighteen (18) years of age must provide a workers permit and approval of parent or guardian.

Signature of parent or guardian _____