

ASKOV VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP



PERSONAL INFORMATION

Date of Birth _____

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Social Security Number _____ Drivers License Number _____

EMPLOYMENT

Employer's Name _____ Occupation _____

Does your job take you out of town? _____ How often? _____

Will your employer allow you to attend fires during working hours? _____

Do you swim? _____ SCUBA dive? _____ Drive trucks? _____

Do you have any other experience that will benefit the Fire Department? _____

Do you have any physical defects which will keep you from doing certain types of work? _____

If yes, explain: _____

Do you have any present commitments which would prevent you from being an active member of the department? _____ If yes, explain: _____

REFERENCES (Give the names of two people who are not firefighters)

Name	Address	Business	Phone
1			
2			

"I have read the Askov Volunteer Fire Department rules and bylaws, and if I am accepted as a member of the department, I will conform to these."

Date _____ Signature _____

Recommended by:

Signature

Signature