



WATER WITCH FIRE COMPANY

OFFICE 410-378-4133

FAX 410-378-9343

15 N. Main Street

P.O. Box 324

Port Deposit, Maryland

21904-0324

REGULAR / PROBATIONARY MEMBER EXCUSAL FORM

Name: _____ Date of Filling out Form _____

Probationary

Regular Member

Life Member

Function requesting to be excused from (Check all that Apply)

Clean Up _____ Date of Clean Up ____/____/____

Training Class Fire EMS Date of Training ____/____/____

Company Meeting _____ Date of Meeting ____/____/____

Probationary Meeting _____ Date of Meeting ____/____/____

Fundraiser Topic _____ Date of Fundraiser ____/____/____

Other _____ Date ____/____/____

Detailed Explanation for Missing Event:

Signature _____

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APPROVED

DISAPPROVED

Name: _____ Signature _____

Reason: _____

*** This form must be submitted to the probationary committee or officer in charge of training or fundraiser prior to or within 7 days of the event. Place completed form in the EMS box and it will be forwarded to the appropriate officer. If there is not enough space to explain reason for requesting excusal use back of the form***