

WEST REDDING VOLUNTEER FIRE DEPARTMENT

FOUNDED 1915

Application for Membership

___ Firefighter ___ EMS ___ Associate

Name _____ DOB ___/___/___

Home Address _____

Mailing Address _____

Phone (H) _____ (W) _____ (C) _____

Email _____

Height _____ Weight _____ Eyes _____ Hair _____ Blood Type _____
SSN _____ License# _____ State _____ Class _____

Are you currently or ever been a member of any fire department or rescue squad? _____

If yes, provide name, location, date of separation and reason(s) for leaving: _____

Certifications/Training: _____

Education

High School _____ Years attended _____

Did you graduate _____ Grade completed _____

College/University _____ Years attended _____

Did you graduate _____ Degree awarded _____

Military Service

Service Branch _____ Years attended _____

If discharge was other than Honorable, attach explanation.

Have you ever had your licenses suspended or revoked: _____ If yes, attach explanation

Have you ever been convicted of a felony? _____ If yes, attach explanation

Employment

Current Employer _____

Address _____ Phone _____

Your Title _____ Name/Title of Supervisor _____

How long have you been employed with the current employer? From: _____ To: _____

Personal References (Non-Family Members)

Name _____ Occupation _____
Address _____ Phone _____

Name _____ Occupation _____
Address _____ Phone _____

Name _____ Occupation _____
Address _____ Phone _____

Medical History

List all medical information critical to immediate treatment in the event of an emergency (asthma, cardiac history, allergies, etc. ...)

The West Redding Volunteer Fire Department reserves the right to seek background information on all individuals seeking membership with our organization. Your membership is subject to a prior background check.

I UNDERSTAND THAT EACH STATEMENT IN THIS APPLICATION WILL BE INVESTIGATED AND ANY INACCURATE, UNTRUTHFUL OR MISLEADING STATEMENT OR ANSWER MAY BE SUFFICIENT CAUSE FOR REJECTION WITHOUT APPEAL.

Signature: _____ Date _____

****\$6 DUES MUST ACCOMPANY THIS APPLICATION****

Parent or guardian signature is required of all applicants under 18 years of age

Parent/Guardian Signature _____

Sponsors 1 _____ 2 _____

Incomplete applications will not be accepted

***** For Official Department Use Only *****

Approved by Directors _____ Date _____

Approved by Company _____ Date _____

Dues Received by Treasurer _____ Date _____