

**HAHNVILLE VOLUNTEER FIRE DEPARTMENT**  
**169 LINCOLN STREET**  
**HAHNVILLE, LA 70057**

**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:		
Date of birth:	SSN:	Phone:
Drivers license Number:	State issued:	Blood type:
<b>Physical address:</b>		
City:	State:	ZIP Code:
<b>Mailing address:</b>		
City:	State:	ZIP Code:
Do you have any medical condition, limitations or allergies (Explain):		
In the past 3 years have you ever been convicted of a moving violation or involved in an accident: <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain):		

**EMPLOYMENT INFORMATION**

Current employer:		
Current Position:	Supervisor:	Phone:

**EMERGENCY CONTACT**

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**REFERENCES**

(Please list 3 individuals whom are not related to you and have known for more than 1 year)

Name	Address	Phone

**SIGNATURE**

By my signature below I authorize and agree:  
 To abide by the Hahnville VFD By-Laws  
 To follow all laws of the State of Louisiana  
 To allow Hahnville to contact above listed references, perform a criminal background check, perform a driving background check  
 To return all Hahnville VFD equipment upon my departure

My membership can be revoke if any of the above information is found to be false

Print name:	Signature of applicant:	Date:
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**FOR OFFICIAL USE ONLY (DO NOT WRITE IN THIS SECTION)**

Meeting date #1:	Meeting date #2:	Meeting date #3:
Prior to Vote of the Membership is:		
Driving background check acceptable & attached to application: _____.		
Criminal background check acceptable & attached to application: _____.		
<b>Vote of Membership:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied      Effective Date of Membership: _____.		