

This application must be presented in person by the applicant at a regular monthly meeting. Meetings 8:00 pm first Monday of the month.

Volunteer Fire Company No. 1



MEMBERSHIP APPLICATION

(Firefighting Nonfirefighting Associate)
Circle One

1. **NAME:** _____ **SSN:** _____
(Last) (Maiden) (First) (Middle)

2. **ADDRESS:** _____
(No.) (Street) (Town)

3. **PHONE:** (Home) _____ (Other) _____

4. **BIRTH DATE:** _____ **AGE:** _____ **WHERE BORN:** _____ **U.S. CITIZEN:** _____

5. **HEIGHT:** FT. _____ IN. _____ **WEIGHT:** _____ LBS.

6. **DO YOU HAVE ANY DISABILITIES?** (If yes, list) _____

7. **HEALTH:** (Circle) EXCELLENT GOOD FAIR POOR

8. **MARITAL STATUS:** (Circle) SINGLE MARRIED

9. **SPOUSE'S NAME, IF MARRIED:** _____

10. **MILITARY SERVICE:** YES _____ NO _____ **BRANCH:** _____

TYPE OF DISCHARGE: _____ **SPECIALTY FIELD:** _____

11. **EDUCATION:** (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12

NAME AND ADDRESS OF HIGH SCHOOL: _____

DATE GRADUATED: _____

TECHNICAL SCHOOL ATTENDED AND DATES: _____

SUBJECTS STUDIED: _____

COLLEGE OR UNIVERSITIES ATTENDED: (List Name, City, State, Dates Attended, Major/Minor, and Degree)

12. **PRESENT EMPLOYER:** _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

13. **REFERENCES:** Recommendation by at least one member of Easton Volunteer Fire Co. No. 1

14. **HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD, OR SIMILAR ORGANIZATION?**

YES NO

