

Membership Application North Garden Volunteer Fire Company



Name

Address

City State Zip Code

Date of Birth Social Security #

Home Phone Work Phone

Distance in miles to Firehouse from: Home Work

Education Years

Health

Physical Disabilities

Occupation

Previous Firefighting Experience:

Qualifications, trade, or profession helpful to fire service:

Resident of North Garden Area for: Years Months

Available to answer calls: Days Nights

I consent to Criminal History and Sex Offender Registration Search and authorize all information obtained as a result of said search to be provided to the North Garden Volunteer Fire Company, Inc. or its authorized representative.

If accepted as a member:

1. I agree to abide by the Constitution and By-Laws and obey at all times the instructions and orders of the proper "Officer in Charge".
2. I understand that during my probationary period of one year, I will be expected to acquire as much training as possible, as directed by the Constitution and By-Laws.

Signature _____ Application Date

Sponsor(s)

Administrative Use Only:

Application Received by Membership Committee: _____ Date: _____

Action taken by Membership Committee: (Circle Action) Presented Voted Approved Disapproved

Signature of President: _____ Date: _____