

Atwell Township Volunteer Fire Department

VOLUNTEER APPLICATION

FIRE _____ MEDICAL _____ BOTH _____ JUNIOR _____

FULL NAME: _____ DATE: _____

ADDRESS: _____ CITY, ZIP: _____

BIRTH DATE: _____ AGE: _____ SSN: _____

NCDL: _____ EXP DATE: _____ BLOOD TYPE: _____

HOME #: _____ CELL: _____ WORK: _____

E-Mail Address _____

EMPLOYER: _____

FULL TIME: _____ PART TIME: _____ SHIFT: _____

CERTIFICATIONS: _____

FIRE/ RESCUE EXPERIENCE: _____

OTHER DEPARTMENT AFFILIATIONS: _____

- Do you have any physical or mental problems that may prevent you from performing the normal duties of a firefighter? YES: _____ NO: _____
- Are you now, or have you ever taken any illegal drugs, or used any alcoholic beverages excessively? YES: _____ NO: _____
- Are you currently taken any medications? YES: _____ NO: _____
- Have you ever been convicted of a crime, including traffic citations? YES: _____ NO: _____

IF ANY QUESTIONS ARE ANSWERED YES, EXPLAIN ON BACK

I HEREBY MAKE MY APPLICATION FOR MEMBERSHIP AND IF ELECTED AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ORGANIZATION. I HEREBY CONSENT TO A CRIMINAL HISTORY BACKGROUND CHECK. I UNDERSTAND THERE IS A Twelve (12) MONTH PROBATIONARY PERIOD. AT WHICH TIME THIS APPLICATION WILL BE REVIEWED BY THE CHIEF AND THE OFFICERS FOR FINAL ACCEPTANCE.

I, ACKNOWLEDGE WITH MY SIGNATURE THAT ALL THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND MISREPRESENTATIONS ARE GROUNDS FOR DISMISSAL.

If applicant is a minor, Parent or Guardian must sign with relationship.

Parental Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Probationary Start Date: _____ Accepted: _____ Not Accepted: _____

Chiefs Endorsement for Probationary Start: _____

Chiefs Endorsement: _____ Date: _____