

Marshall Twp. Volunteer Fire & EMS, Inc.

Application For Membership

Name: _____
Last First M.I.

Address: _____
Street Address City Zip Code

Daytime Phone: _____ Evening Phone: _____

Previous Firefighting Experience: _____

Previous Medical Training or Interest in Training: _____

Do you have a fear of fire? Yes/No Do you have a fear of heights? Yes/No

Do you own your own vehicle? Yes/No Do you drive a car or truck? Car/Truck

Do you have a valid driver's license? Yes/No License Number: _____

Auto Insurance Company Name: _____

Do you work days or nights? AM/PM What hours do you work From: _____ To: _____

Have you ever been convicted of a felony? Yes/No If so; what, when, and where? _____

Note: There will be a background check done on every applicant.

List three references (non-family members) and their phone numbers.

1. Name: _____ Title: _____ Phone: _____

2. Name: _____ Title: _____ Phone: _____

3. Name: _____ Title: _____ Phone: _____

If selected, will you attend all business meetings and all training meetings unless you are at your regular job at the time of the meeting? Yes/No

I certify that the above answers are true to the best of my knowledge, and I further certify that no promise of pay, money, or other consideration has been made to me. I fully understand that my service in this fire department is entirely on a voluntary and non-paid basis.



Signature of Applicant

Insert Date
Date

Marshall Twp. Volunteer Fire & EMS, Inc.
Approval of Information Release for Records Check

I _____ do hereby approve for a records check to be performed
Type name here
on me for employment purposes.

_____	_____
<i>Printed Name</i>	<i>DOB</i>

	<i>SSN</i>
_____	_____
<i>Signature</i>	<i>Insert Date</i>
	<i>Date</i>

FOR OFFICE USE ONLY:

I have found the above mentioned person to have the following:

- A record with this department.
- No record with this department.

Officer's Signature