Application for Membership
Elmwood Volunteer Fire OR Rescue Department

Application for Fire_____ OR Rescue_____

Name: _____ Sex: _____
[First] [Middle] [Last]

Address: _____
[Street] [City] [State] [Zip]

Telephone Number Home: _____ Work: _____

Date of Birth: _____ Age: _____ Place of Birth: _____
[City] [State]

Drivers License No: _____ State: _____ Expiration Date: _____
Social Security No: _____ Number of Dependents: _____
Marital Status: _____ Spouse's Full Name: _____
Next of Kin: _____ Phone No: _____
How long have you lived in the city limits of Elmwood: _____?
Occupation: _____ Years employed: _____
Present Employer: _____
[Company] [Address]
Work Hours: _____ Available for calls during work: _____
Any criminal record other than minor violations: _____ [Please list on back]
Do you have or have you had any physical and/or mental disabilities or conditions which would limit your performance on the Department: _____ [Please list on back]
Any previous Fire or Rescue Experience: _____ Certificates: _____
For Life Insurance list Beneficiary: _____

I,_____ [the aforementioned applicant] understand that
[Please Print]
if I should be accepted as a member of the Elmwood Volunteer Fire and/or Rescue Dept., I will uphold and abide by the Bylaws of the Department. I will also agree to participate fully in all activities associated with the Department whenever required. I futher agree that all statements and facts set forth in this application for membership are true and concise. I understand that any false statement or misrepresentation will result in the disapproval of this application and/or dismissal from the Department immediately.

Signed: _____
Date: _____

Proposed by two [2] members of the Department 1: _____
2: _____

Signature of Investigation Committee

1: _____ Approval: _____ Denial: _____
2: _____ Approval: _____ Denial: _____
3: _____ Approval: _____ Denial: _____

This Application was received and read at a Regular Meeting. Date: _____ By: _____

Vote Results: Accepted: _____ Rejected: _____ Date: _____