# MEREDITH HOSE COMPANY NO. 1 Membership

Application for Volunteer

Classification of Membership: Operational Administrative Junior					
Name:		Date of Birth:	Age:		
Address:		Home Phone:	Cell Phone:		
Email Address: Emergency Conta		itact Name and Phone	act Name and Phone Number:		
Medical Information	:				
for any medical conditions and medical conditions are mergency services of health and safety. Ple Company may need to of an emergency.	tions that may int operations. The p ease provide acc	a physical examination terfere with your ability urpose of this section urate information, as to ormation to medical pe	to perform is to ensure your he Meredith Hose		
Medical Conditions:					
Physical Handicap o	r Other Disabilitie	es:			
Routine Medications	:				
Allergies:		Blood Type:			
Education and Train	ing:				
		Highest Grade Completed:	Year Diploma or GED was received:		
List Below any College Degrees or Certificat		, or Technical Schools	Attended and		

### **Emergency Services Training:**

List any prior Emergency Services training received. Attach additional pages if necessary.

Course/ Certification Type	Training Authority/ Jurisdiction	Date Received	Expiration Date (If Applicable)

#### **Employment History:**

List most recent employer and work back at least three years. Attach additional pages if necessary. A Junior member must supply working papers if legally necessary.

Employer Name and Address	Position Held	Dates Employed

#### **Personal References:**

List 3 people who are not related to you that are able to provide information about your education, work experience, character, and/or community involvement.

Name:	Address:	Phone Number:

#### **Driving Record:**

Driver's License Number:	Issuing State:	Class:	Endorsements	Restrictions:
Current # of Points (if any):	Has your licer explain.	nse ever been	revoked or suspend	ded? If yes,

### **Emergency Service Experience:**

Have you ever been a member of the Meredith Hose Company or any other fire department or rescue squad? If yes, please provide the information below. Attach additional pages if necessary.				Yes	No	
Name of Department	Address & Phone Number	Chief	Service Dates	Reason for Leaving		

## **Criminal History:**

Have you ever been arrested, charged, or convicted of any crime or felony?	Yes	No
If yes, give date, charge, place the incident occurred, name of taken.	f court, ar	d action

### Signature:

I hereby certify and affirm that all information that I provided on this application is truthful and accurate. I understand that any inaccurate, falsified, or misleading information may result in rejection of this application or dismissal from the Company. I understand that I may be required to provide additional documentation regarding any information provided on this application. I understand that I will need to be voted into the Meredith Hose Company as a Probationary Member for a period of one year after my application is submitted, with the exception of a Special Member joining for emergencies only. I understand that if I am completing this application as a Special Member for emergencies only, that I will need to be voted into the Meredith Hose Company, but will have no membership rights or privileges and cannot vote. I understand that completion of this application does not guarantee membership.

I give permission for the Meredith Hose Company to contact the personal references and personnel from previous emergency service companies to verify my character and performance.

I give permission for the Meredith Hose Company to complete Criminal and Child Abuse Background Checks. I understand that information received from these checks may result in rejection of this application or dismissal from the Company.

Applicant's Signature	Date
Signature of Sponsor from the Meredith Hose Company	Date
If Junior Member, Signature of Parent of Guardian	Date
Trustee Signature	Date
Trustee Signature	Date
Trustee Signature	Date

### **Sponsor Checklist**