

Wilson Volunteer Company  
Membership Application



Firefighter \_\_\_\_\_ Assoc Firefighter \_\_\_\_\_ Auxiliary \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone#(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_

Check Appropriate Box:

Married ( ) Single ( )

Have you ever applied for membership with WVFC in the past? YES \_\_\_ NO \_\_\_

Have you ever been convicted of a felony in the past 5 years? YES \_\_\_ NO \_\_\_

Have you ever been a member of WVFC or any other organization? YES \_\_\_ NO \_\_\_

If you answered YES to any of the questions please give dates and explanations on the reverse side of this application.

References (May not include immediate family members or WVFC members)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address \_\_\_\_\_ From: \_\_\_\_\_

To: \_\_\_\_\_

Phone \_\_\_\_\_

May we contact your employer? YES \_\_\_ NO \_\_\_

In case of emergency notify: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_