**BUSHKILL FIRE COMPANY AUXILIARY**

**APPLICATION FOR MEMBERSHIP**

DATE:

NAME:

ADDRESS:

PHONE:

EMAIL:

ARE YOU 18 YEARS OR OLDER? YES NO

DATE OF BIRTH:

IF ACCEPTED AND UNDER THE AGE OF 18, CAN YOU FURNISH A WORK PERMIT? YES NO

HAVE YOU EVER FILED AN APPLICATION TO OUR ORGANIZATION BEFORE? YES NO

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE COMPANY

ORGANIZATION IN THE PAST? YES NO

DRIVERS LICENSE NUMBER:

STATE:

EXPIRATION DATE:

INSURANCE CO:

POLICY NUMBER:

HAVE YOU HAD ANY ACCIDENT OR VIOLATIONS IN THE PAST 3 YEARS? YES NO

IF YES, EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

 YES NO

IF YES, EXPLAIN:

ANY PHYSICAL OR MEDICAL IMPAIRMENTS THAT COULD LIMIT YOU?

YES NO

IF YES, EXPLAIN:

CURRENT EMPLOYER:

ADDRESS:

PHONE:

LENTH OF EMPLOYMENT?

**NAMES OF 3 PERSONAL REFERENCES NOT RELATED TO YOU OR IN OUR FIRE CO OR AUXILIARY**

NAME:

ADDRESS:

PHONE:

NAME:

ADDRESS:

PHONE:

NAME:

ADDRESS:

PHONE:

**FOR OFFICAL USE ONLY:**

DATE OF REVIEW:

MEMBERS PRESENT:

DATE PRESENTED TO THE BODY:

APPROVED? YES NO

COMMENTS:

PRESIDENT SIGNATURE:

VICE PRESIDENT SIGNATURE: