



Indiana Twp VFC # 1 Membership Application

Name: _____

Address: _____

Phone #: _____ (Cell, Home, Work)

DOB: ___/___/___ SS #: ___-___-___ DL #: _____ State: _____

Email: _____@_____

Employer: _____

Address: _____

Occupation: _____

Have you been convicted of a Felony: Yes / No

Do you permit Indiana VFC # 1 to do a background check: Yes / No

Do you have and Disabilities or Health issues that Indiana VFC # 1 should be aware of: Yes / No

Do you have any Fire, Rescue, EMS Experience: Yes / No

EMT #: _____

Paramedic #: _____

Firefighter 1

Firefighter 2

Applicants under the age of 18 must have this portion of the application signed by a parent or guardian

I _____ (name) _____ (relationship) grant permission for
_____ (minor name) to become a member of Indiana Twp VFC # 1

Signature of Parent / Guardian _____

Signature of Sponsoring Active Member _____

Date Received: _____

First Reading: _____

Second Reading: _____

Sworn In: _____

Active Member: _____

Business Member: _____