

**Beaver Springs Fire Department  
Application for Membership**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

License #: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_

Single \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**REFERENCES:**

(Do not give names of relatives)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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Have you ever belonged to a Fire Department before?    Yes \_\_\_    No \_\_\_

If yes, name/location of the Fire Department: \_\_\_\_\_  
(Please attach training certificates)

Have you lived in the Beaver Springs area for the past 10 years?    Yes \_\_\_    No \_\_\_

If no, previous address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Do you have any physical/mental incapacities?    Yes \_\_\_    No \_\_\_

If yes, please explain:

Have you ever been convicted of any of the following?:

- |                   |                          |
|-------------------|--------------------------|
| ___ Arson         | ___ Perjury              |
| ___ Theft         | ___ Forgery              |
| ___ False Reports | ___ Corruption of Minors |
| ___ Sex Offenses  | ___ Criminal Mischief    |

If yes, please explain:

The Beaver Springs Fire Department will conduct a Criminal History Record Information (CHRI) for membership.

\_\_\_ Yes, I give my permission for the Beaver Springs Fire Department to check my criminal history.

\_\_\_ No, I do not give my permission for the Beaver Springs Fire Department to check my criminal history.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**MEMBERSHIP VOTE RESULTS:**

Favorable \_\_\_    Unfavorable \_\_\_

Enrolled in the Beaver Springs Fire Department this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

Secretary: \_\_\_\_\_