

EAST LIMESTONE VOL. FIRE/RESCUE

15801 East Limestone Road • Athens, Alabama 35611
(256) 232-5795

Membership Application

APPLICANT INFORMATION

Last Name:		First:		MI:	DOB:		
Address:			Apt./Unit #		AGE:		
City:		State:	ZIP:				
Phone:		SSN:					
Do you have reliable transportation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid Driver License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have <u>any</u> medical conditions that prevent you from performing strenuous activities safely?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently under a Physician's care?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any driving citations in the last 3 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION

High School:		Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Trade:	
College:		Address				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

REFERENCES

Please list two professional references that we may contact. (Not related to you)

Full Name:		Relationship:	
Address:		Phone: ()	
Full Name:		Relationship:	
Address:		Phone: ()	

CURRENT EMPLOYMENT

Company:		Phone: ()	
Address:		Job Title:	
Work Hours:		Hours Available to Respond:	

PRIOR FIRE DEPARTMENT OR EMS EXPERIENCE (ADDITIONAL SPACE PROVIDED ON BACK)

Fire dept Experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have an EMT License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State & Expiration date:
Department:					When:	
Duty Pos:						
Training & Certifications :						

DISCLAIMER AND SIGNATURE

I hereby certify that the above information is factual and accurate to the best of my knowledge. I understand that false or misleading information in my application will result in immediate dismissal.

Applicant's signature:

DATE:

For Official Use Only	Received on: ____/____/____	Introduced to Membership: ____/____/____	Meeting Attendance: ____/____/____
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Prior Fire Department or EMS experience (cont)

List directions to your residence from the fire station.

Briefly explain why you want to join the East Limestone Vol. Fire Dept.

Have you read and do you understand the Department's Bylaws, Standard Operating Guidelines and Equipment Agreement and do you agree to abide by them?

Yes

No

I, _____, by this application to the East Limestone Volunteer Fire Department do agree to follow the rules and regulations set forth in the bylaws, S.O.G and equipment agreement if accepted as an active member of the Fire Department. By signing this application, I give and authorize East Limestone Volunteer Fire Department authority to conduct a criminal background check and request a copy of my driving record.

Dated this the _____ day of _____, 20_____

Applicant Signature

Accepted into membership on:

Fire Chief

President