ORGANIZED PRIOR TO MAY 20, 1789

MOTORIZED MAY 3, 1907

****

**“THE PRIDE OF OLD TOWNE”**

**Station 2**

To the Officers and Membership of the Charles Rouss Fire Company, I hereby respectfully submit my application membership with the Charles Rouss Fire Company. I will be governed by the Constitution and By-Laws of the Charles Rouss Fire Company, and pledge my Loyal Support for its Future, Welfare and Success. I am not a member of any fire company in the City of Winchester and give the following information for the Charles Rouss Fire Company to use for consideration for my membership.

I am applying for the position of: ( ) Operational

 ( ) Administrative

Full Name:

Address:

City: State: Zip:

Social Security Number: D.O.B.

Home Phone #: Cellular Phone #:

Employer:

Employers Address:

City: State: Zip:

Employers Phone #:

Occupation:

Next of Kin:

Next of Kin Phone #: Relationship:

Other Emergency Contact Person(s):

Please list three of your previous employers:

1. Name:

Address:

Supervisor:

Phone #: Occupation:

Number of years with Employer:

1. Name:

Address:

Supervisor:

Phone #: Occupation:

Number of years with Employer:

1. Name:

Address:

Supervisor:

Phone #: Occupation:

Number of years with Employer:

What is your reason for wanting to become a member of the Charley Rouss Fire Company?



Have you ever been found guilty of a criminal offense? Yes ( ) No ( )

If yes, please explain.

Please list any training and/or experience in the fire and rescue field:

Please list three personal references (other than relatives)

1. Name:

Phone #:

1. Name:

Phone #:

1. Name:

Phone #:

Have you ever been a member of any other fire or rescue company?

Yes ( ) No ( ) If yes please list:

1. Company Name:

City, State:

Contact Person: Phone:

1. Company Name:

City, State:

Contact Person: Phone:

1. Company Name:

City, State:

Contact Person: Phone:

Do you have a valid driver’s license? Yes ( ) No ( )

License #: State:

Do you have any Physical disabilities? Yes ( ) No ( )

If yes please list:



By signing this application, I am stating that *ALL* information contained within this application is *TRUE* and *CORRECT* to the best of my knowledge. *Any false information will result in the termination of this application or if found at a later date, may disfranchise or expel the membership.*

Given under my hand on the day of , 20

 Signature

**All applications *MUST* have *TWO (2)* sponsors that are active members of the Charley Rouss Fire Company, before this application will be acted upon.**

Member Name: Signature:

Member Name: Signature:

Charley Rouss Fire Company has a monthly meeting on the first Thursday of each month at 7:30 p.m. (Unless changed by the Board of Directors in advance or other provisions outlined in the By-Laws of the company). We encourage you to attend these meetings and visit our station as a guest prior to the meeting dates.