McDonald Volunteer Fire Department
Application for Membership

NAME _____

ADDRESS _____

_____

HOME PHONE _____   SOCIAL SECURITY # _____-_____-_____

WORK PHONE _____   DRIVER'S LICENSE # _____

CELL PHONE _____   CLASS/EXP. DATE ____   ____/_____/_____

If address above has changed within five years, please list previous address:

_____

_____

The McDonald volunteer Fire Department abides by all state and federal child labor laws.
If you are under the age of eighteen, you must obtain a work release form
and also a written letter giving parental/guardian permission to join.

BIRTH DATE _____/_____/_____   AGE _____

HIGH SCHOOL _____ YEAR _____

FURTHER EDUCATION _____ YEAR _____

_____ YEAR _____

_____ YEAR _____

The McDonald Volunteer Fire Department is a non-gender, non-discriminatory department.

***List any affiliations, duties, and/or offices with any other fire departments
or emergency medical care providers with dates***

_____

_____

_____

List any qualifications or certificates

			Other Certifications:	
Essentials	yes	no		_____
Firefighter I	yes	no		
Firefighter II	yes	no		_____
Fire Officer I	yes	no		
EMT-B	yes	no		_____
EMT-P	yes	no		
Haz-Mat	yes	no		_____
CDL	yes	no		

Have you ever been convicted of a crime?   no   yes   If yes, please explain _____

_____

_____

***Have you ever had an infectious disease, a serious illness, or any type of major surgery
in the past five (5) years?***   yes   no

If yes, please explain _____

Have you ever received compensation for injuries?   no   yes   If yes, please explain _____

_____

_____

References (Exclude former employers or relatives)

1. Name _____   Phone # _____._____._____

Street Address _____

City _____   State _____   Zip Code _____

2. Name _____   Phone # _____._____._____

Street Address _____

City _____   State _____   Zip Code _____

3. Name _____   Phone # _____._____._____

Street Address _____

City _____   State _____   Zip Code _____

Emergency Contact Information

Name _____   Relationship _____   Home Phone # _____._____._____

Cell Phone #   _____._____._____

Work Phone # _____._____._____

Insurance Beneficiary Information

Name: _____   Relationship: _____

Name: _____   Relationship: _____

I hereby certify that I have read the entire New Member Handbook and understand that if I have any questions I can ask any member of the Line or Executive Officers. I also certify that the facts stated on this application are true and complete to the best of my knowledge. The McDonald Volunteer Fire Department is hereby authorized to make any investigation of my personal history. I understand that if I am accepted to this organization, falsified statements on this application shall be sufficient cause for dismissal.

_____   _____/_____/_____
Applicant's Signature   Date

_____
Applicant's Printed Name

If the applicant is under the age of 18, a parent's or guardian's signature is required.

_____
Signature of Parent or Guardian

Fire Department Use Only

Date Received _____/_____/_____   Recommended by: _____

Brought in Date _____/_____/_____   Approved by: _____