

STRATTON VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

Name _____ Age _____ Blood Type _____

Address _____ Email _____

Home Phone _____ Cell Phone _____

Social Security # _____ Driver's License # _____

Do you grant permission to acquire your driving record for past 3 years? Yes ___ No ___

Do you live within the city limits of Stratton? Yes ___ No ___

If not, how far from the city limits? _____ (in miles)

Will your employer approve of your attending of fires during work hours? Yes ___ No ___

(Supervisor signature)

(Date)

What skills do you possess that may aid the fire dept.?

Have you had any past fire or ambulance experience? If so, list below:

Please list any disabilities or allergies:

Eye Color _____ Hair color _____ Height _____ Weight _____

I pledge I will try to attend all fires and other civil emergencies that the dept. or officers call on me to serve.

I will faithfully try to attend each and every meeting the first Tuesday of each month, and conduct myself in a business-like manner at all fire functions. I understand that I may be dismissed from the department by a majority vote of fellow fire personnel.

Signature _____ Date _____

(Applicant)

Officer receiving application _____ Date _____

Application approved: Yes ___ No ___

Signature _____ Date _____

(Fire Chief)