

### Probationary Membership Application

This application is subject to a six (6) month probationary period after acceptance to the department.

THIS FORM MUST BE SUBMITTED WITH A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVERS LICENSE. A WORK PERMIT MUST ALSO BE SUBMITTED IF YOU ARE UNDER THE AGE OF 18.

I wish to become an OPERATIONAL MEMBER \_\_\_\_\_ AREA OF INTEREST: FIRE FIGHTER \_\_\_\_\_ EMS \_\_\_\_\_  
I wish to become an ADMINISTRATIVE MEMBER \_\_\_\_\_ I wish to become an AUXILIARY MEMBER \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

CURRENT ADDRESS \_\_\_\_\_  
(HOUSE NUMBER) (STREET NAME) (APT/UNIT NUMBER)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED BY \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

Have you ever been convicted of any violation of the law, other than minor traffic violations? YES NO (Circle one)  
If yes, please explain \_\_\_\_\_

Your physical condition (please note any impairments) \_\_\_\_\_

Have you ever made application or been a member of another fire department? YES NO  
If yes, where \_\_\_\_\_ PAID \_\_\_\_\_ VOLUNTEER \_\_\_\_\_ HoCo EID # \_\_\_\_\_

Give 3 character references not related to you. (Use the back of this form if necessary)

\_\_\_\_\_  
(Name) (Address) (Phone Number) (Relationship)

\_\_\_\_\_  
(Name) (Address) (Phone Number) (Relationship)

\_\_\_\_\_  
(Name) (Address) (Phone Number) (Relationship)

If elected to membership, I will support the Constitution, adhere to the Bylaws, and obey all rules and regulations of the WFFVD. I will also avail myself of the necessary FIRE/EMS training courses to become a fully competent member. Once I am able to ride apparatus, I acknowledge that I will be expected to participate on a duty crew. I also acknowledge that all statements made in this application are true and correct to the best of my knowledge, and I approve the use of the information provided in this application to conduct a complete background investigation.

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18) \_\_\_\_\_

#### INTERNAL USE ONLY

RECRUITMENT & RETENTION REC'D \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICATION REVIEW COMMITTEE \_\_\_\_\_ DATE \_\_\_\_\_

# West Friendship Volunteer Fire Department Volunteer Data Form

Circle one:

**Operations**

**Administration**

**Auxiliary**

\_\_\_\_\_  
EID

Male/Female \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact (name)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Driver's License #