

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# **MEMBERSHIP**



# **APPLICATION**

# MOUNT MOURNE VOL. FIRE DEPT.

## APPLICATION FOR MEMBERSHIP

Personal Information

Legal Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
City State Zip

Phone Number (s): \_\_\_\_\_  
Home Cell

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

Social Security Number: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Vehicle Insurance Carrier: \_\_\_\_\_

Medical Information

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Medications: \_\_\_\_\_

For What: \_\_\_\_\_

List any Allergies: \_\_\_\_\_

List any Health Conditions or Physical Limitations: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Education Information

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduate: \_\_\_\_\_

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduate: \_\_\_\_\_

List any Fire or Rescue Certifications Held and Provide Copies:

\_\_\_\_\_  
\_\_\_\_\_

Work Information

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

References Not Related

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

List Places Lived at Within the Last 5 Years and Submit a Certified Copy of Driving Record in Each State Applicable

Present Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Previous Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Previous Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Back Ground Information

Have you ever been convicted of a traffic violation(s)? \_\_\_\_\_

Have you ever been convicted of a criminal violation(s)? \_\_\_\_\_

If you answered yes above please explain

\_\_\_\_\_  
\_\_\_\_\_

Are you involved in any civic organization(s)? \_\_\_\_\_

\_\_\_\_\_

List any Fire Dept. or EMS organizations you have been a member of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minimum Requirements for Applicant:

Must be at least 18, High School Diploma or GED, Valid NC Driver's License, Pass Background Check, Medical and Drug Screening

If accepted by the Mount Mourné Vol. Fire Dept., I will do my part with respect to activities such as fundraisers, cleaning the department and grounds, and maintaining the equipment. I will follow the chain of command concerning the Standard Operating Guidelines.

I understand that the New Member Committee will review my application and someone will contact the applicant within 2 weeks to set up an interview.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal of my application to the MMVFD. All information is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_