



## Allen Volunteer Fire Department, Inc.

### Application for Membership

#### Personal Information

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

How Long at Present Address: \_\_\_\_\_

Have you lived anywhere other than NC?  Yes  No

If yes, please list cities, counties, and States below:

\_\_\_\_\_

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

Age: \_\_\_\_\_

#### Place of Birth

City: \_\_\_\_\_

State: \_\_\_\_\_

Marital Status:  Single  Married

Number of Dependents: \_\_\_\_\_

**Has applicant been convicted of a crime or forfeited bail at any time during the past 10 years?**

Yes  No

If yes, give information for each offense, including dates: \_\_\_\_\_

### **Emergency Experience and Certification**

Has applicant completed any EMT, First Responder or Basic First Aid Courses?  Yes  No

If yes, please list completion date(s): \_\_\_\_\_

\_\_\_\_\_

Any experience in Fire Department or Rescue Work?  Yes  No

If yes, to what extent and where? \_\_\_\_\_

\_\_\_\_\_

### **License Information**

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

License Expiration Date: \_\_\_\_\_

License Restriction: \_\_\_\_\_

**Has applicant had any driving convictions or any driving offenses in the past 10 years?**  Yes  No

If yes, give information for each offense: \_\_\_\_\_

\_\_\_\_\_

Any experience driving a 1 ½ ton, 2 ton, or 2 ½ ton truck?  Yes  No

### **Auto Insurance Information**

Auto Insurance Company Name: \_\_\_\_\_

Auto Insurance Policy Number: \_\_\_\_\_

Auto Insurance Expiration Date: \_\_\_\_\_

## Emergency Contact Information

### Who Should We Notify in Case of Emergency?

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Relation to Applicant: \_\_\_\_\_

### Next of Kin (other than listed above)

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Relation to Applicant: \_\_\_\_\_

## Education

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

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

High School Diploma/GED:  Yes  No

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

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

Degree from College: \_\_\_\_\_

## Employment History

List present employer first, then 2 previous employers, if any.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Applicant Hours and Days of Work: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Any clerical or secretarial experience?  Yes  No

Professional Organizations relating to your career: \_\_\_\_\_

\_\_\_\_\_

## Military Service Records

Branch of Service: \_\_\_\_\_

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

Type of discharge: \_\_\_\_\_ Last Rank: \_\_\_\_\_

Did you have any special training or duty?  Yes  No

If yes, please explain: \_\_\_\_\_

## References

### **Personal References (other than Firefighters), You Must Have Three References.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### **Personal References (Firefighters)**

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

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

List Relatives or Friends Already a Member of the Department: \_\_\_\_\_  
\_\_\_\_\_

## Health Information

Height Feet & Inches: \_\_\_\_\_ Weight: \_\_\_\_\_

Contacts:  Yes  No Organ Donor:  Yes  No

Tobacco user:  Yes  No Tobacco Used: \_\_\_\_\_

Chronic Allergies: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Last physical exam by Doctor: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Insurance Carrier: \_\_\_\_\_

Do you have any physical defects?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

**Vaccinations:** \_\_\_\_\_

If accepted, I understand that I must follow the requirements of the Articles of the By-Laws and Rules and Regulations of Members for Allen Volunteer Fire Department. I further agree to participate in all fire department activities and to assume my fair share of work as required of all fire department personnel. ***Failure to answer all questions truthfully will result in denial of the application.***

\_\_\_\_\_  
Signature of Applicant – Full Name

\_\_\_\_\_  
Date

**Acceptance Information**  
*Office Use Only*

Recommended for 6-month probation?  Yes  No Date: \_\_\_\_\_

Accepted for 6-month probation?  Yes  No Date: \_\_\_\_\_

Accepted for full and active membership?  Yes  No Date: \_\_\_\_\_

Recommended for Part-time Employment?  Yes  No Date: \_\_\_\_\_

Accepted for Part-time Employment?  Yes  No Date: \_\_\_\_\_

**Membership Committee Signatures:**

\_\_\_\_\_  
*Chief's Signature*

\_\_\_\_\_  
*Deputy Chief's Signature*

\_\_\_\_\_  
*Membership Committee Member*

\_\_\_\_\_  
*Membership Committee Member*

\_\_\_\_\_  
*Membership Committee Member*

\_\_\_\_\_  
*Membership Committee Member*

This Applicant Recommended By: \_\_\_\_\_

Comments:

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

