



GALENA VOLUNTEER FIRE COMPANY, INC. APPLICATION FOR MEMBERSHIP

Date of Application: _____ Application Fee \$25.00

Name: _____ S.S.N: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone#: _____

Date of Birth: _____ Email address: _____

Position Applied for:

Firefighter: _____ EMS: _____ Driver: _____ Associate Member: _____

Junior Member (age 13-15): _____

Have you ever filed an application with us before? Yes: _____ No: _____

Have you ever been employed by or a member of another fire, rescue or ambulance department? Yes: _____ No: _____

If yes, please give the name of the department and your reason for leaving.

Driver's License Number: _____ State: _____ Class: _____

Please provide us with the name and contact information of two references and one to contact in case of emergency.

Name: _____ Phone#: _____

Address: _____

Name: _____ Phone#: _____

Address: _____

Emergency Contact: _____ Phone#: _____

Address: _____

If accepted to be a member, I _____ agree to abide by the by-laws, standard operating procedures and standard operating guidelines of the Galena Volunteer Fire Co. Inc., as set forth by the company.

I understand that I will be placed on a 6 month period of probation, in which I must accumulate 12 points as set forth by the by-laws. After 6 months my status will be reviewed and adjusted by the company at a regular meeting.

I also understand that if my membership is terminated, I must return all fire company materials to the company, or face legal consequences. I further understand that any material of identification linking me to the Galena Fire Company must not be worn should my membership be terminated.

In signing this application I agree that I have read and understand the above items, and give the Galena Volunteer Fire Company permission to check the validity of all statements made by me on this application. I also give permission for the Galena Volunteer Fire Company to have a background investigation done on me.

In closing, I understand that any misrepresentation or omission of facts made on this application shall be considered as cause for dismissal or refusal in the organization.

Signature: _____

Parents if minor: _____ Print: _____

Date: _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation or presence of non-job related physical or mental handicap.

1: _____ Approved: _____ Rejected: _____ Date: _____

2: _____ Approved: _____ Rejected: _____ Date: _____

3: _____ Approved: _____ Rejected: _____ Date: _____

President's Signature: _____ Date: _____

