

PARKERTOWN VOL. FIRE CO.

MEMBERSHIP APPLICATION

Date Given _____ Date Received _____ Approved P.F.C. _____ Approved B.O.F.C. _____

NAME: _____ D.O.B. ____/____/____

ADDRESS: _____ S/S# ____/____/____

HOME PHONE# _____ CELL PHONE# _____

DRIVERS LICENCE # _____

MEMBERSHIP TYPE: REGULAR ___ ASSOCIATE ___ JR. _____

PREVIOUS ADDRESS (LAST 5 YEARS)

GIVE THREE PERSONAL REFERENCES (NOT RELATED)

NAME

ADDRESS

PHONE #

NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? YES ___ NO ___

IF YES PLEASE EXPLAIN:

HAVE YOU EVER BEEN ASSOCIATED WITH ANOTHER VOL. FIRE OR FIRST AID DEPT: YES ___ NO ___

IF YES YOU MUST RECEIVE A LETTER OF RECOMMENDATION FROM YOUR PREVIOUS COMPANY CHIEF OR SENIOR OFFICER

CONSENT FOR BACKGROWN CHECK:

I _____ do hereby authorize the Parkertown Vol. Fire Co. Inc. and the Little Egg Harbor Board of Fire Commissioners Dist. # 3 to run a criminal background check on me using my social security number. Knowing this number will be used for this purpose only and will be kept confidential

SIGNED _____ DATE _____

PARKERTOWN VOL. FIRE CO.

PHYSICIAN'S RELEASE

APPLICANT'S NAME _____

DATE OF EXAM: _____

PHYSICIANS NAME: _____

PHYSICIANS ADDRESS _____

CITY _____ **STATE** _____

PHYSICIANS PHONE # _____

I DO HEREBY CERTIFY THAT I AM A LICENSED PHYSICIAN AND I HAVE EXAMINED THIS APPLICANT AND FIND THIS PATIENT IS IN GOOD HEALTH AND IS ABLE TO PREFORM HIS OR HER DUTIES AS A MEMBER OF THE PARKERTOWN VOL.FIRE.CO. WITHOUT LIMITATIONS WHICH INCLUDES FIGHTING FIRES AND LIFTING OF HEAVY OBJECTS.

PHYSICIANS SIGNATURE

DATE