



South Baldwin Volunteer Fire Company

Application for Membership

Name: _____ Date: ___/___/___

Address: _____ SSN#: _____

_____ DOB: ___/___/___

Home Phone: (____)____-_____ Work: (____)____-_____

Cell: (____)____-_____ Pager: (____)____-_____

Do you have a valid driver's license? : YES NO

State: _____ License #: _____

Exp. Date: _____ Class: _____

Medical Information

Blood Type: _____ Date of last physical: ___/___/___

Date of last Tetanus shot: ___/___/___

Have you been vaccinated for Hepatitis B? : YES NO

If yes, supply the dates: ___/___/___, ___/___/___, ___/___/___

Do you have any physical restrictions? : YES NO

If yes, please explain: _____

Fire Fighting/Rescue Experience

Do you have fire fighting or rescue experience? : YES NO

If yes, where:

<u>Company/School</u>	<u>Years</u>	<u>Chief/Instructor</u>	<u>Contact #</u>
_____	_____	_____	()__-____
_____	_____	_____	()__-____
_____	_____	_____	()__-____

(Please provide copies of any relevant certifications – Fire, Rescue, and EMS – with this application)

Membership Information

What class of membership are you applying for? :

- “A” Member (Fire Fighter)
- “B” Member (Administrative/Fundraising)
- “C” Member (Junior Fire Fighter)

- Juniors are required to have a Parent/Guardian’s signature and supply a work permit

Do you have any active fire fighters recommending you? :

<u>Name</u>	<u>Fire Company</u>	<u>Contact #</u>
_____	_____	_____
_____	_____	_____

To the best of my knowledge, I, _____, have completed this application with true and correct information and statements.

Applicant’s signature: _____

Parent/Guardian’s signature: _____

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Background Check Release

I, _____, here by authorize the South Baldwin Volunteer Fire Company and the agency of their choice, to do a criminal background check prior to my membership acceptance. I understand that this information will be kept in strict confidence and will be kept in my file.

Name: (last) _____ (first) _____ (middle initial) _____

Date of Birth: ___/___/___ (mm/dd/yy)

Place of Birth: (city) _____ (state) _____

Social Security Number: _____ - _____ - _____

Signature: _____ Date: ___/___/___

Authorizing Agency completes the section below

Please check "pass" or "fail", sign, and return.

Authorized by: _____ Title: _____

PASS FAIL

Signature: _____ Date: ___/___/___

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Personnel Accountability System

New fire fighters must fill out and return this section with their application. This information will be transferred to a tag that will be attached to your helmet. *This tag is for your safety!* Please fill out all information as completely and correctly as possible. All information will be confidential.

Name: _____

Allergies: _____

Medications: _____

Medical History: _____

Organ Donor: YES NO Religion: _____

Normal blood pressure: ____/____ Pulse rate: _____

Date of birth: ___/___/___ Blood type: ____ Sex: _____

Emergency contact's name and number:

(name) _____ (#) _____ (relation) _____

Physician's name and number: (name) _____ (#) _____