



# McMechen Volunteer Fire Department

## Membership Application

General Information	Official Use Only
Today's Date: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> First Name: _____ MI _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Birth Date:     /     /                    AGE: _____ SS#:         -         -                    _____ Drivers Lic #: _____ State: _____ <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <div style="text-align: center; margin-right: 20px;"><i>Operator</i> <input type="checkbox"/></div> <div style="text-align: center; margin-right: 20px;"><i>CDL</i> <input type="checkbox"/></div> <div style="text-align: center;"><i>Jr. Operator</i> <input type="checkbox"/></div> </div>	1 <sup>st</sup> Reading: _____ 2 <sup>nd</sup> Reading: _____ <input type="checkbox"/> Accepted Date _____ <input type="checkbox"/> Declined Date _____ Reason _____ _____ _____

### Phone Numbers

Home: (     )     -     \_\_\_\_\_

Work: (     )     -     \_\_\_\_\_

Cell: (     )     -     \_\_\_\_\_

### Questionnaire

	YES	NO
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
If So, Explain _____		
Been a Member of another fire department?	<input type="checkbox"/>	<input type="checkbox"/>
If So, Where _____		
Are you a United States Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Organ Donor ?	<input type="checkbox"/>	<input type="checkbox"/>

### Email

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

### Marital Status

Married  
  Single  
  Widow  
  Divorced

If Married Spouses Name: \_\_\_\_\_

### Medical / Physical

Height:     -     \_\_\_\_\_     Weight:     \_\_\_\_\_     LBS

Eye Color: \_\_\_\_\_     Hair: \_\_\_\_\_

Blood Type: \_\_\_\_\_

### Emergency Contact Information

Relationship: \_\_\_\_\_

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

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

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

Home: (     )     -     \_\_\_\_\_

Other: (     )     -     \_\_\_\_\_

### Below Write Your Reason For Joining

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# McMechen Volunteer Fire Department

## Membership Application

### Certifications

EMT-B:	Date: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td></tr></table>									Other: _____
EMT-P:	Date: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td></tr></table>									Other: _____
CPR:	Date: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td></tr></table>									Other: _____
Firefighter Level 1:	Date: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td></tr></table>									Other: _____
Firefighter Level 2:	Date: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td></tr></table>									Other: _____
Hazmat:	<input type="checkbox"/> Operations <input type="checkbox"/> Tech	Date: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td><td style="width: 20px; border-bottom: 1px solid black;"> </td></tr></table>								

### Please Read and Sign Below

I certify that the information given is true and complete to the best of my knowledge. I understand that the falsification, misinformation or omission of information herein may be cause for denial of my application to the McMechen Volunteer Fire Department or Termination. I further authorize a background check with the appropriate agencies. ( Law enforcement, Licensing boards, federal exclusion list).

Signature: \_\_\_\_\_ Date:    /    /

Fire Chief **will not** issue red light permits to any person living outside the McMechen Volunteer Fire Department Response area. Applications for firefighter license plates **will not** be signed until you have completed your one year probation

### Please List Three Personal References Below

- 1 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (    )    -
- 2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (    )    -
- 3 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (    )    -

### Office Use Only

**Notes:**

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### Equipment Issued

Item	Serial Number or Size	Date Issued	Date Returned

### Offices Held

Title	From - To	Remarks	By