



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>CDI</i> <input type="checkbox"/></div> <div style="text-align: center;"><i>Jr. Operator</i> <input type="checkbox"/></div> </div>	1 st Reading: _____ 2 nd 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: () - _____

Below Write Your Reason For Joining

ALL MUST ATTEND AN INTERVIEW WITH THE MCMECHEN VFD TRUSTEES. HELD ON THE 1st SUNDAY OF THE MONTH AT 6:00PM

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**ALL MUST ATTEND AN INTERVIEW WITH THE MCMECHEN VFD TRUSTEES.
HELD ON THE 1st SUNDAY OF THE MONTH AT 6:00PM**

Certifications

EMT-B:	Date:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Other:	
EMT-P:	Date:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Other:	
CPR:	Date:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Other:	
Firefighter Level 1:	Date:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Other:	
Firefighter Level 2:	Date:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
Hazmat:		<input type="checkbox"/> Operations <input type="checkbox"/> Tech Date:		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Please Read and Sign Below
Please List Three Personal References 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

- 1** Name: _____
 Address: _____
 Phone Number: () - _____

- 2** Name: _____
 Address: _____
 Phone Number: () - _____

- 3** Name: _____
 Address: _____
 Phone Number: () - _____

Office Use Only

Notes:

Equipment Issued

Item	Serial Number or Size	Date Issued	Date Returned

Offices Held

Title	From - To	Remarks	By