



McMechen Volunteer Fire Department

Membership Application

General Information		Official Use Only
Today's Date: _____		1 st Reading: _____
First Name: _____ MI _____ Last Name: _____		2 nd Reading: _____
Address: _____		<input type="checkbox"/> Accepted Date _____
City: _____ State: _____ Zip: _____		<input type="checkbox"/> Declined Date _____
Birth Date: / / AGE: _____		Reason _____
SS#: - - _____		_____
Drivers Lic #: _____ State: _____		_____
<input type="checkbox"/> Operator <input type="checkbox"/> CDI <input type="checkbox"/> Jr. Operator		_____

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

McMechen Volunteer Fire Department

Membership Application

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HELD ON THE 1st SUNDAY OF THE MONTH AT 6:00PM**

Certifications

EMT-B: _____	Date: _____	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Other: _____
EMT-P: _____	Date: _____	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Other: _____
CPR: _____	Date: _____	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Other: _____
Firefighter Level 1: _____	Date: _____	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Other: _____
Firefighter Level 2: _____	Date: _____	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
Hazmat: _____	<input type="checkbox"/> Operations	<input type="checkbox"/> Tech	Date: _____										

Please Read and Sign Below	Please List Three Personal References Below
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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