

Marion Vol. Fire Dept.

Membership Application

(Please Print)

Date _____

Name _____ Phone _____ Sex M ___ F ___

Height _____ Weight _____ DOB _____ Last four SSN _____

Mailing Address _____ City/State _____ Zip _____

Physical Address _____ Length of time at address _____

Employer _____ Location _____ Phone _____

Will Employer release you to respond to calls? _____ Usual Shift _____

Do you have any physical disabilities? Y ___ N ___ Email _____

If yes, please list _____

Fear of heights Y ___ N ___ Heavy equipment experience _____

Type of Drivers License _____ Drivers Lic. Number _____

Have you ever applied to this department before? Y ___ N ___ If yes when? _____

Have you ever been a member of another department? Y ___ N ___ If yes what type FD ___ EMS ___ PD ___

Location _____ Head of Service _____

Are you still a member? _____ Reason for leaving _____

Previous Fire, Rescue Training _____

References: (List those who can comment on your performance, and abilities)

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Under 18 years parental consent _____

Signature _____

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In case of emergency contact:

Name: _____ Relationship: _____ Phone: _____

Criminal Record Release and Authorization

Name: _____
Last (Maiden) First Middle

Address: _____
Street City State Zip

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Drivers License Number _____ State _____

I hereby certify that the above information is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with department policy.

I authorize release of any criminal record to the chief officers of the Marion Volunteer Fire Department and the Marion Police Department. I understand and agree that my membership to this department is at will, and may be terminated by the department at any time for any reason, and without prior written notice to the other party.

Signature _____ Date _____