

# 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 \_\_\_

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 \_\_\_\_\_