

Longwood Fire Company Membership Application



If acceptance is granted, I would like to become:

A responding member	A social memberA du	ty crew member	A junior	member
	APPLICANT INFO	RMATION		
Name:		M aiden/alias name:		
Current address:				
Place of birth:		DOB:	Age:	Sex:
Social Security Number:	Driver's	Driver's license # and state issued in:		
Home phone:	Cell pho	ne:		
E-mail:	Work ph	one:		
Current employer:	Occupation Occupation	on:		
	Employer's phone number:			
INTEREGRA AND CERTIFIC	ATIONG			
INTERESTS AND CERTIFIC.	ATIONS			
	your interests, especially as they			
and a	ny fire-, rescue- or EMS -related	certifications you may	nola.	
Are you aware of our Voluntee	er Incentive Program?	Yes No		
			0	
Are you interested in joining b	ecause of opportunities like the Vo	olunteer Incentive Pro	ogram?	
FOR OFFICIAL USE ONLY				
First reading:	Second reading:	Officers' m	eeting:	_ Accepted
Paperwork returned:	_ Background check:	Gear issued	l:	_
Red/blue light issued:				

Have you ever been denied membership v	with this or any emergency service of	organization? If yes, explain.
When:		
Where:		
Have you ever been arrested for a misden	neanor or felony, traffic violation of	r any criminal violation?
	□ YES □ NO	
If yes, please explain.		
Have you ever been convicted of arson?		
mave you ever been convicted of arson:	YES NO	
REFERENCES (please refrain from usi	ng relatives):	
Name:	Years known:	Relationship:
Current address:	Phone:	E-mail:
Name:	Years known:	Relationship:
Current address:		-
Current address.	I none.	L'ilian.
Noma	Voors linouwi	Dalationskin
Name:		
Current address:	Phone:	E-mail:
STATEMENT OF UNDERSTANDING		
I submit this application with the understan	ding that it must be presented to the r	gest regular meeting of membership. Lunder
stand this application will be voted upon by t	the membership at the following regul	next regular meeting of membership. I under- ar meeting and that, if approved, I will submit
		the officers before the application process is and regulations of the Longwood Fire Com-
pany. I hereby also authorize the membersh		s and to complete a criminal background and
driving record check on me.		
Signature of applicant:	Date:	
Signature of parent/legal guardian (if applica	ble):	Date:
Signature of recommending member:	Date:	