



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"/>	1 st Reading: _____ 2 nd Reading: _____ <input type="checkbox"/> Accepted Date _____ <input type="checkbox"/> Declined Date _____ Reason _____
First Name: _____ MI _____ Last Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Birth Date: / / AGE: _____	
SS#: - - _____	
Drivers Lic #: _____ State: _____ <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <input type="checkbox"/> <i>Operator</i> <input type="checkbox"/> <i>CDL</i> <input type="checkbox"/> <i>Jr. Operator</i> </div>	

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: () - _____

Other: () - _____

Below Write Your Reason For Joining

McMechen Volunteer Fire Department

Membership Application

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

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

Please List Three Personal References Below

- 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