

# SHAWNEE VOLUNTEER FIRE COMPANY, INC.

## APPLICATION FOR MEMBERSHIP

Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_

### References (give two)

1. Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

2 .Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Recommended By: \_\_\_\_\_

Applying For: Active Membership: [ ] Social Membership: [ ]

Active Life Membership: [ ] Life Membership: [ ]

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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INITIATION FEE: \$ \_\_\_\_\_ DUES: \$ \_\_\_\_\_ DATE PAID: \_\_\_/\_\_\_/\_\_\_

REVIEW BOARD: FAVORABLE: \_\_\_\_\_ UNFAVORABLE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

MEMBERSHIP VOTE: ACCEPT: [ ] REJECT: [ ] DATE: \_\_\_/\_\_\_/\_\_\_

Spouse's Name: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone 2: \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone 2: \_\_\_\_\_ - \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Blood Type: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Why are you joining? \_\_\_\_\_

Is there anything that may prevent you from achieving the minimum requirements listed below? Y [ ] N [ ] (If yes please describe)

\_\_\_\_\_  
\_\_\_\_\_

What week bingo can you work? 1st [ ] 2nd [ ] 3rd [ ] 4th [ ] Sat [ ]

Can you respond to calls during work hours? Y [ ] N [ ]

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**MEMBERSHIP REQUIREMENTS**

	<u>Review Board</u>	<u>Applicant</u>
1. Attend 1 meeting per quarter.	_____	_____
2. Work 13 functions per year.	_____	_____
3. Attend 12 drills per year. (Active)	_____	_____
4. Attend Essentials within 2 years. (Active)	_____	_____
5. Attend CPR course within 1 year. (Active)	_____	_____
6. Attend 10% of all calls. (Active)	_____	_____
7. Eligible for Service Awards Program. (Active)	_____	_____