

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)	_____	_____