HERMAN VOLUNTEER FIRE COMPANY and HERMAN VOL. FIRE CO. RELIEF ASSOCIATION

APPLICATION FOR MEMBERSHIP
(PLEASE PRINT OR TYPE)

I wish to make application to the HERMAN VOLUNTEER FIRE COMPANY AND HERMAN VOL. FIRE CO. RELIEF ASSOCIATION. If accepted I pledge to comply with the by-laws, abide by and uphold all regulations, and will at all times work for the best interest of the fire company. I understand that if I reside outside of the first due area, I am not permitted to respond to emergency calls unless I am within jurisdictional lines when the call comes in. I am entitled to attend all regular monthly meetings of the fire company and all fire company activities.

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

PHONE: _____ **CELL PHONE:** _____

DATE OF BIRTH: _____ **AGE:** _____
MM / DD / YY

DRIVER'S LICENSE NUMBER / STATE: _____

DRIVER'S LICENSE CLASS / EXPIRATION DATE: _____

CURRENT EMPLOYMENT OR NAME OF SCHOOL: _____

_____

*****

PARENTAL CONSENT
(14-18 YEARS OF AGE)

We, the parents of the above applicant do hereby certify that the information above is correct and do further permit the above applicant to join the HERMAN VOLUNTEER FIRE COMPANY AND HERMAN VOL. FIRE CO. RELIEF ASSOCIATION and do understand that the said fire company is not liable for any injuries to said applicant unless incurred injuries are directly related to fire company activities.

PARENT SIGNATURE: _____ **DATE:** _____
MM / DD / YY

*****

EDUCATION

HIGH SCHOOL / TECH SCHOOL: _____

COLLEGE / VOCATIONAL SCHOOL: _____

POST GRADUATE: _____

MILITARY EXPERIENCE: _____

*****

EXPERIENCE

(PREVIOUS FIREFIGHTING / EMERGENCY SERVICES ORGANIZATION EXPERIENCE)

FIRE COMPANY / ESO: _____

DATE: _____ RANK: _____
MM / DD / YY

FIRE CHIEF / ADMINISTRATOR _____

PHONE #: _____

****

FIRE COMPANY / ESO: _____

DATE: _____ RANK: _____
MM / DD / YY

FIRE CHIEF/ADMINISTRATOR _____

PHONE #: _____

TOTAL YEARS INVOLVED IN FIRE COMPANY / ESO: _____

FIRE SCHOOLS / TRAINING (FIREFIGHTERS / RESCUE, EMS, ETC.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

*****

HEALTH INFORMATION

IS THERE ANY REASON THAT YOUR PRESENT HEALTH CONDITION WOULD RESTRICT YOUR ACTIVITIES AS A FIREFIGHTER / EMERGENCY SERVICE PROVIDER? (IF YES, PLEASE EXPLAIN.)

_____

_____

DO YOU SUFFER FROM ANY FEARS / PHOBIAS THAT WOULD RESTRICT YOUR ACTIVITIES AS A FIREFIGHTER / EMERGENCY SERVICES PROVIDER? (FEAR OF HEIGHT, CLAUSTROPHOBIA, ETC.)

_____

_____

NAME OF PERSON TO CONTACT INCASE OF AN EMERGENCY:

NAME: _____

EMERGENCY PHONE #: _____

BENEFICIARY (RELATIONSHIP): _____

*****

BACKGROUND INVESTIGATION

HAVE YOU EVER BEEN CONVICTED OF ARSON: YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES ___ NO ___

(IF YES, PLEASE EXPLAIN.) _____

_____

_____

I AGREE TO PERMIT THE FIRE CHIEF AND/OR ADMINISTRATOR OF THE HERMAN VOLUNTEER FIRE COMPANY AND THE HERMAN VOLUN-TEER FIRE COMPANY RELIEF ASSOCIATION TO CONDUCT AN INVESTI-GATION INTO MY BACKGROUND AND TO VERIFY ALL INFORMATION AND REFERENCES GIVEN ON THIS APPLICATION, THROUGH THE POLICE DEPARTMENT, STATE POLICE, FBI, OR ANY OTHER RECOGNIZED LAW ENFORCEMENT ORGANIZATION THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE BY THE HERMAN VOLUNTEER FIRE COMPANY AND THE HERMAN VOLUNTEER FIRE COMPANY RELIEF ASSOCIATION.

SIGNATURE OF APPLICANT: _____

DATE: _____
MM / DD / YY

*** THE APPLICANT CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. APPLICANT ALSO CERTIFIES THAT IF THEY RESIDE OUTSIDE OF HVFC'S FIRST DUE AREA THEY UNDERSTAND THAT THEY CANNOT RESPOND TO AN EMERGENCY CALL UNLESS THEY WERE WITHIN JURISDICTIONAL LINES WHEN THE EMERGENCY CALL COMES IN ***

SIGNATURE OF APPLICANT: _____

DATE: _____
MM / DD / YY

SIGNATURE OF FIRE CHIEF / ADMINISTRATOR: _____

DATE: _____

*****

REGULAR MEETING

SPONSOR: _____ DATE: _____
MM / DD / YY

DIRECTOR: _____ DATE: _____
MM / DD / YY

1ST. READING: _____ 2ND. READING: _____
MM / DD / YY **MM / DD / YY**

ACCEPTED _____ REJECTED _____

RECORDING SECRETARY: _____

WORKING PAPERS: _____ RECORDED: _____
MM / DD / YY **MM / DD / YY**

**** DUES: _____ ** INITIATION FEE: _____**

FINANCIAL SECRETARY: _____ CARD NO. _____

******PLEASE MARK ******
MEMBERSHIP CLASSIFICATION: _____
ACTIVE / SOCIAL

** <u>Money due upon submitting of membership</u>.

Active members / social members shall pay an initiation fee of three (3) dollars and annual dues of five (5) dollars.

Auxiliary / Junior members shall pay an initiation fee of one (1) dollar and annual dues of two (2) dollars.

Auxiliary members: 16 to 18 years of age.
Junior members: 14 up to 16 years of age.