

Member Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone # and Carrier	
E-Mail Address	
Social Security Number	

Previous Residence(s) During The Last 5 Years. Include: City, State, and Zip Code

Current Employment/ Education

Place of Employment	
Street Address	
City ST ZIP Code	
Work Phone	
Occupation, Number of Years Employed	
Driver's License #, State, Expiration Date	
Current School/ University	

Interests

Tell us in which areas you are interested in volunteering

- Fire Fighter
- EMS
- Fire Police
- Fundraising
- Bingo
- Kitchen
- Administration

Have you previously held membership in a Fire Department, Ambulance, or Rescue Company

If yes, provides details below.

Have you ever been convicted of a crime?

If yes, explain below

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I UNDERSTAND THAT

If I have been convicted of a crime, it does not automatically mean that I will not be accepted as a member of the Chesterfield Fire Co. Inc.

In applying for membership with the Chesterfield Fire Co. Inc. the information I have furnished on this form is subject to verification, which may include a criminal history check and drivers license history check.

I hereby give permission for my complete criminal check and drivers license history check to be released to the Chief of the Chesterfield Fire Co. Inc. I understand that the Police Department will not provide this information to the Fire Company without this authorization, and I am not required by law to give this authorization

Printed Name	
Signature	
Date	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home/Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

The Chesterfield Fire Co. Inc. does not limit participation in its activities on the basis of disability, race, color, creed, national origin, sexual orientation or religion or on the basis of any other characteristic against which discrimination is prohibited by state or federal law.

I promise to abide by the rules and regulations as established by this company. In the event of resignation or expulsion, all rights or claims against the company are forfeited. I affirm that all statements on this application for membership are true to the best of my knowledge and that misrepresentation in this application, whenever discovered may constitute grounds for requesting my resignation or for expulsion.

Name (printed)	
Signature	
Date	
Parent Signature (if under 18)	
Application Issued By	
Sponsored By	