

APPLICATION FOR MEMBERSHIP CARTHAGE VOL. FIRE DEPT.

PERSONAL INFORMATION

Name: _____ Date: _____
Social Sec No _____
Address _____ City _____ Zipcode _____
Daytime phone (____) _____ Evening phone (____) _____
Driver's license number _____ Date of birth _____
Age: _____ Applying for firefighter _____ EMT _____ both _____
Any previous Fire/E.M.S. experience _____
Previous Department/organization _____
Certification number(s) _____ expiration date _____
Place of employment _____
Address: _____
City _____ Phone number :(____) _____
Shift worked _____

QUESTIONNAIRE

Do you understand that you receive **no** compensation whatsoever for being a member of the Carthage Volunteer Fire Department? _____

Will you be willing to take the mandatory training as required by the State of Indiana before you are able to make any emergency runs as a firefighter/e.m.t.? _____

Will you be available to attend the normal monthly training and business meetings? _____

Will you make runs anytime day or night? _____

Will you be willing to participate in Fire Dept. functions other than training, meetings, such as fundraisers (etc.)? _____

Why do you want to join the Carthage Fire Dept.? _____

EDUCATION

SCHOOL	YEARS ATTENDED	NAME OF SCHOOL	CITY	COURSES STUDIED	DID YOU GRADUATE
GRAMMER					
HIGH					
COLLEGE					
OTHER					

ANY QUESTIONS OR COMMENTS

Office use only

Date and time of interview	
Concerns of BOD	
Recommends accepting applicant	
Board of Directors Present	