

WAYMART FIRE COMPANY 75 MEMBERSHIP APPLICATION

NAME \_\_\_\_\_ D.O.B \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

ZIP \_\_\_\_\_ HEIGHT \_\_\_\_\_

PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WEIGHT \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

LIST THREE REFERENCES NOT RELATED TO YOU THAT WE MAY CONTACT

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

WERE YOU EVER CONVICTED OF ANY CRIMINAL ACTS YES - NO

HAVE YOU EVER BEEN A MEMBER OF A FIRE COMPANY: YES - NO  
IF YES ,PLEASE GIVE NAME OR LOCATION OF FIRE COMPANY \_\_\_\_\_

IF YOU HAVE ANY PREVIOUS TRAINING IN FIREFIGHTING, FIRST AID, CPR, OR OTHER SPECIALIZED FIELD WHICH WOULD BE AN ASSET TO THIS FIRE COMPANY, PLEASE LIST IT ON THE SPACES PROVIDED ON THE NEXT SHEET.  
PLEASE GIVE EXPIRATION DATES WHERE NECESSARY.

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR MEDICAL PROBLEMS THAT MEMBERS OF THE WAYMART VOL. FIRE COMPANY SHOULD BE AWARE OF, SUCH AS BAD BACK, HEART PROBLEMS, OR SPECIAL MEDICAL OR MEDICATION NEEDS, FEAR OF HEIGHTS, OR FEAR OF CONFINED SPACES, ETC.

YES-NO

ANY KNOWN ALLERGIES:

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ANY PERSONS UNDER THE AGE OF 18 MUST HAVE THIS APPLICATION SIGNED BY A LEGAL GUARDIAN, AND NOTERIZED, GIVING CONSENT, PRIOR TO BEING ACCEPTED AS A MEMBER OF WAYMART VOL. FIRE COMPANY.

MY SIGNATURE BELOW INDICATES CONSENT FOR MY CHILD \_\_\_\_\_ TO BECOME A JUNIOR MEMBER OF THE WAYMART VOL. FIRE COMPANY. I ALSO GIVE CONSENT FOR SAID CHILD TO BE TREATED AND, OR TRANSPORTED BY AMBULANCE, AS NECESSARY FOR INJURIES RECEIVED WHILE ACTING UNDER DIRECTION OF THE WAYMART VOL. FIRE COMPANY.