



Daretown Fire Company
Application for Membership

Date of Application: ____ / ____ / ____ Type of Membership: Senior ____ Junior ____

Name: _____ Age: _____

Date of Birth: ____ / ____ / ____ Social Security Number: _____

Mailing Address: _____

Home Telephone #: _____ Cell Phone #: _____

Driver's License Number: _____

Do you have a Commercial Driver's License? Yes _____ No _____

Has your driver's license ever been revoked? Yes _____ No _____

If yes, please explain why. _____

Have you ever been convicted of a felony? Yes _____ No _____

List all Fire Schools you have completed:

Where	Date
_____	_____
_____	_____
_____	_____
_____	_____

(All certificates must accompany this application.)

List Memberships in Previous Company(s):

Company Name

Address

Date

Do you have any medical reasons that would prevent you from carrying out duties of a firefighter?

Yes _____ No _____

If yes, please explain why. _____

Have you completed the medical examination form? Yes _____ No _____

A medical examination form must be completed. Contact the membership committee for the packet.

I understand that this application and completed medical form must be returned to the Membership Committee in order for the company to vote on my application.

I agree to abide by the Constitution and Bylaws as well as other rules and regulations of the Daretown Fire Company.

(Signature of Applicant)

For Junior Membership Only, Parents(s) / Legal Guardian Statement:

We (I) have read the guidelines for a Junior Fireman as well as the Constitution and Bylaws of the Daretown Fire Company and understand them. We (I) realize the commitment our teenager is making and hereby grant permission for him/her to apply for membership.

(Signature of Parents / Guardians)

FOR DARETOWN FIRE COMPANY USE ONLY

Report for the President and Chief

We have interviewed the above applicant and (do) (do not) recommend him/her probationary membership. The date of the interview was: _____ / _____ / _____

Comments: _____

(President's Signature)

(Chief's Signature)

Membership Committee Report

We have reviewed the application and medical form and (do) (do not) recommend him/het for probationary membership.

If not recommend, state reasons(s): _____

The above applicant was (accepted) (rejected) by the company for probationary membership on _____ / _____ / _____.

(Membership Committee Chairman's Signature)