

# Pollocksville Volunteer Fire Department

## Membership Application

### Section 1 General Information

Name: \_\_\_\_\_  
Last First MI Nickname

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

### Section II Driving Record

State and License Number: \_\_\_\_\_

Have you ever been convicted of a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Please explain: \_\_\_\_\_

Do you object to this organization checking your driving license? Yes \_\_\_\_\_ No \_\_\_\_\_

### Section III Criminal Record Information

Have you ever been convicted of a misdemeanor and/or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

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Do you object this organization checking your record? Yes \_\_\_\_\_ No \_\_\_\_\_

### Section IV Certification

What is your current level of certification? :

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Not Certified \_\_\_\_\_ EMT-AI \_\_\_\_\_

Ambulance Attendant \_\_\_\_\_ EMT-P \_\_\_\_\_

EMT \_\_\_\_\_ MICN \_\_\_\_\_

EMT-D \_\_\_\_\_ LPN \_\_\_\_\_

EMT-I \_\_\_\_\_ RN \_\_\_\_\_

Fire Fighter I \_\_\_\_\_ Hazmat I \_\_\_\_\_

Fire Fighter II \_\_\_\_\_ Hazmat II \_\_\_\_\_

Fire Fighter III \_\_\_\_\_ Hazmat III \_\_\_\_\_

Certification Numbers: \_\_\_\_\_ Expires: \_\_\_\_\_

Any other Certifications; \_\_\_\_\_

Are you currently taking Fire/EMS Courses?: YES \_\_\_\_\_ NO \_\_\_\_\_

If so, list course(s), dates, Instructors: \_\_\_\_\_

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List any fire/rescue experience: \_\_\_\_\_

### Section V Medical

Do you have any medical conditions which may interfere with the functions or demands of a firefighter/Rescue member? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently under a physician's care? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain any "Yes" Please answer: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Blood Type: \_\_\_\_\_

This application is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** All applicants must make 3 meetings prior to being voted in as a member. All new members are on a probationary status for 90 days.

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## Application Status:

1<sup>st</sup> Meeting \_\_\_\_\_

2<sup>nd</sup> Meeting \_\_\_\_\_

3<sup>rd</sup> Meeting \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved: \_\_\_\_\_