

HOPEDALE VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

NAME _____
(FIRST) (M.I.) (LAST)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SSN _____

PHONE () _____ CELL () _____ MARITAL STATUS _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE _____

DRIVERS LICENSE _____ EXPIRATION DATE _____ STATE _____

DRIVING VIOLATIONS (PAST 3 YEARS) _____

EMPLOYER _____ OCCUPATION _____

TIMES YOU ARE AVAILABLE TO ANSWER CALLS

LIST IF YOU HAVE EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING MORAL
TURPITUDE _____

LIST PREVIOUS FIRE AND OR EMS
TRAINING _____

PLEASE ATTACH A COPY OF **ALL** YOUR FIRE/EMS CARDS AND YOUR DRIVERS LICENSE. ALSO PLEASE
ATTACH AN ABSTRACT OF YOUR DRIVING RECORD. YOU MAY ALSO BE ASKED TO PROVIDE A BCI
BACKGROUND CHECK FOR YOURSELF.

SIGNATURE OF APPLICANT DATE

FOR OFFICE USE ONLY

DATE READ _____

DATE VOTED _____

PROBATION ENDS _____

YES _____ NO _____