

SILVER LAKE VOLUNTEER FIRE COMPANY
APPLICATION FOR ACTIVE MEMBERSHIP

DATE _____

TO THE PRESIDENT AND MEMBERSHIP OF THE SILVER LAKE VOLUNTEER FIRE COMPANY.

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____

SOCIAL SECURITY NUM. _____

OCCUPATION _____

CURRENT EMPLOYER _____

EMPLOYERS ADDRESS _____

EMPLOYERS TELEPHONE NUMBER _____

LENGTH OF EMPLOYMENT _____ IF LENGTH OF EMPLOYMENT IS LESS THAN

(2) YEARS, PLEASE ALSO PROVIDE NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS

EMPLOYER _____

DO YOU NOW BELONG, OR HAVE YOU EVER BELONGED TO ANOTHER FIRE COMPANY.

YES _____

NO _____

IF YES PLEASE PROVIDE THE NAME AND ADDRESS OF THE FORMER FIRE COMPANY.

WHAT WAS THE REASON FOR LEAVING THE FORMER FIRE COMPANY _____

PROCESSING.

PLEASE INCLUDE THREE LETTERS OF REFERENCE WHEN SUBMITTING THIS APPLICATION FOR

CHRONIC BRONCHITIS _____

ASTHMA _____ EMPHYSEMA _____

HYPERTENSION _____ DIABETES _____

HEART DISEASE _____ EPILEPSY _____

YOU FROM INTERIOR FIREFIGHTING DUTIES.

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT MAY PRECLUDE

HONORABLE CONDITIONS ? YES _____ NO _____

ARMED FORCES WHICH WAS OTHER THAN HONORABLE OR ISSUED UNDER OTHER THAN

HAVE YOU EVER RECEIVED A DISCHARGE FROM ANY BRANCH OF THE UNITED STATES

LACK OF WORK OR FUNDS ? YES _____ NO _____

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____