

**Rocky Ridge Volunteer Fire Co., Inc.
Application for Membership**

Personal Information

Name: _____ Date of Birth: _____ Age: _____
Address: _____
Phone #: _____ - _____ - _____ E-Mail: _____
Social Security #: _____ - _____ - _____
Driver's License #: _____ Driver's License Class(s): _____
If you have a police record, please clarify: _____

Employment Information

Employer's Name: _____
Address: _____
Job Description: _____

Medical Information

Person to Contact in Emergency: _____
Relationship: _____
Emergency Telephone #: _____
Physical Health (Please list any pertinent conditions that may hinder your ability to respond to emergency calls):

Skills / Training

Special Skills or Training which may be useful in the fire service: _____

If you have previously belonged to another fire company, please give the company name(s) location, years of service and positions held. (A letter of recommendation from the chief or president of the co. must be sent to the president of the Rocky Ridge Vol. Fire Co.): _____

Signature Agreement

Any false statements made on this application could lead to an unfavorable report by the membership committee and cause rejection of the application by the membership. If in time following acceptance to membership, false statements are found, it could lead to immediate dismissal from the department.

To the best of my knowledge the above statements made by me are true and accurate, and the membership committee has my permission to verify all information. If accepted as a member of this company I agree to abide by all by-laws, rules and regulations of the company.

Signature of Applicant Date Application Fee

Signature of Sponsoring Member Date
