



ORWELL VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION

1. Applicant Name: _____
2. Date of Birth: _____
3. Gender: _____
4. Social Security No.: _____
5. Home Address: _____
6. Mailing Address (if different): _____
7. Home Phone: _____ Cell: _____ Work: _____
8. E-Mail: _____
9. VT Drivers' License No.: _____ Expiration: _____

Please describe any additional driver qualifications:

10. Occupation and Current Employer: _____
11. Education: Highest Grade Completed: _____
12. High School: _____
13. College / Trade School: _____
14. Graduate or Advanced Degree: _____

15. Firefighting is a strenuous and demanding job and can be both physically and emotionally stressful. Do you have any physical limitations or medical conditions that might prevent or limit your performance of the duties of a firefighter?

NO / YES (circle one) If Yes, please explain:

16. Has your license to drive ever been revoked in this or any other state?

NO / YES (circle one) If Yes, please explain:



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17. Have you ever had a professional license suspended or revoked?

NO / YES (circle one) If Yes, please explain:

18. Have you ever been convicted of a crime?

NO / YES (circle one) If Yes, please explain:

19. Please list any other memberships and positions held in any other fire departments, including dates:

20. Fire schools attended / Courses completed / Qualifications earned:

21. Please list three references (name, relationship, contact information) no family members:

- a. _____
- b. _____
- c. _____

22. Emergency Contact Information (name, relationship, contact information)

* * *

By signing this application for membership, Applicant states and affirms that all statements contained herein are true and accurate; and gives the Orwell Volunteer Fire Department the right to verify all information on this Application and perform a background check.

Signed: _____

Dated: _____