Sorrento Volunteer Fire Department
Membership Application

(Please print)

Today's Date: _____

❑ Associate Member (non responder) ❑ Active Member (Emergency Responder) ❑ Junior Firefighter 14-17 years ***of age***

Personal Information:

Name: _____
Last First Middle

Mailing Address: _____
Street or P.O. Box City State Zip

Physical Address: _____
(If Different than Mailing Address) Street City State Zip

Date of Birth: _____ La. Drivers License #: _____

SS# _____-_____-_____ Race: _____Gender: ❑ Male ❑ Female

Home Phone: _____ Cell: _____

Email: _____ Fax: _____

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Other: _____

Spouse's Name (if applicable):_____ # of Children: _____

Education:

❑ High School Diploma or GED If not highest grade attained: _____

College Degree Attained: _____ ❑ Some College

Employment History:

Current Employer: _____ Employed Since: _____

Location: _____ Supervisor: _____

Job Title: _____ Schedule: _____

Briefly Describe Duties: _____

_____

_____

Former Employers:

_____ From _____ To _____

_____ From _____ To _____

Emergency Response Experience:

Are you now or have you ever been a member of a fire, ems or rescue company/department? ❑ Yes ❑ No If yes please list each below.

_____City _____ State _____

From _____ To _____Highest Rank Attained: _____

Contact Person:_____ Phone: _____

_____City _____ State _____

Highest Rank Attained: _____ From _____ To _____

Contact Person:_____ Phone: _____

Emergency Response Certifications:

_____

_____

Hobbies: _____

Special Skills: list any special skills or talents that you have that may be helpful to the department , such as carpentry, welding or auto mechanic. _____

_____

Criminal History:

Previous Arrest: (anything other than traffic includes misdemeanors)

Charge: _____ Date: _____

Location: _____ Where you convicted? _____

Charge: _____ Date: _____

Location: _____ Where you convicted? _____

Previous Citations: (traffic tickets) please list all including dates and location

_____

_____

Personal References: _____How long known: ____yrs

Phone : (_____)_____ How do you know this person: _____

Personal References: _____How long known: ____yrs

Phone : (_____)_____ How do you know this person: _____

Even associate members might be asked to perform duties in support of the department which may require physical exertion such as setting up for a fund raiser. Do you have any physical or medical issues which might limit your activities? _____ If yes would you explain:

_____

I hereby certify that all answers on this application are true and correct to the best of my knowledge I also acknowledge that any misrepresentations shall be grounds for denial of the application or termination from the department.

Signature: _____

Note: Once completed place in a sealed envelope and mail to: Sorrento Fire Dept. P.O. Box 250 Sorrento, La. 70778 or hand deliver to 8096 Main St. Attn: President

Office Use Only

Background Check Attached: ❑ Yes	Interview Date:
Board Approval: ❑ Yes ❑ No Date:	Membership Vote: ❑ Accepted ❑ Denied Date: