

WEST MONROE VOL.FIRE DEPT.
JUNIOR MEMBERSHIP APPLICATION

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

D.O.B. ____/____/____ SSN. ____/____/____

N.Y.S. DRIVERS LIC: ____/____/____ EXP DATE: _____

LENGTH OF TIME AT CURRENT ADDRESS: YRS. _____ MOS. _____

CURRENTLY EMPLOYED: YES _____ NO _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

NAME OF SUPERVISOR _____

MAY WE CONTACT YES _____ NO _____

LENGTH OF TIME WITH CURRENT EMPLOYER: YRS. _____ MOS. _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES _____ NO _____ DESCRIBE: _____

LIST THREE(3) CHARACTER REFERENCES NOT RELATED OR LIVING WITH YOU THAT YOU HAVE KNOWN MORE THAN ONE(1) YEAR

1. NAME: _____ TEL: _____

2. NAME: _____ TEL: _____

3. NAME: _____ TEL: _____

AVAILABILITY: DAYS _____ NIGHTS _____ BOTH _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANOTHER
VOLUNTEER FIRE DEPT. OR EMS PROVIDER? IF SO.

NAME OF DEPT: _____

TEL: _____ DATE OF MEMBERSHIP: _____

REASON FOR LEAVING: _____

AGREEMENT: As a Junior member of the West Monroe Volunteer Fire Department I understand that I am expected to attend 4 Business Meetings, and 8 Training sessions, and assist in 2 Fund Raising Events per year. I understand that my attendance will be reviewed by the membership committee after I reach the age of 18, and at that time I will be considered for Regular or Fire Line status. I agree to abide by the Constitution and By-Laws set forth by the Department, and to always uphold conduct worthy of being a member.

SIGNATURE _____ DATE: _____

As parent/legal guardian of the above named applicant, I hereby give my permission for him/her to participate in the Junior Firepersons program of the West Monroe Volunteer Fire Dept. and hereby release and discharge the West Monroe Volunteer Fire Dept., it's representatives, officers, successors and assigns from all accuses of action, controversies, claims, or illness which the above named applicant may incur while engaged in activities in the Junior Firepersons Program with the department.

Parent/Guardian Signature _____ Date _____

MEMBERSHIP COMMITTEE REVIEW: DATE _____ TIME: _____

COMMITTEE RECOMMENDATION: _____

REVIEWING MEMBERS SIGNATURES _____,
_____, _____,

APPLICATION PRESENTED AT MEETING OF: _____

ACCEPTED _____ DECLINED _____ APPLICANT NOTIFIED _____

DEPARTMENT NUMBER ISSUED: _____ DATE _____