

WEST MONROE VOL.FIRE DEPT.  
SUPPORTING MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN. \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

EMERGENCY CONTACT NUMBERS:

1. NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

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 \_\_\_\_\_