

Application Fee: \$75.00 (non refundable)

Application for Membership
Providence Volunteer Fire Company, Inc.

PERSONAL

Applicant's Name: _____
Last first middle

Telephone: home: _____ other: _____

Address: _____ Zip Code: _____

E-Mail address: _____

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Do you have a Maryland Driver's License? Yes ___ No ___

If yes, give License Number and Class: _____

Has your license ever been suspended or revoked? Yes ___ No ___

If yes, state reason why: _____

PHYSICAL

Have you had a physical examination in the past year? Yes ___ No ___

If yes, give the date: _____ Height _____ Weight _____

Eye Color: _____ Hair Color: _____ Age: _____ Sex: _____

EMERGENCY CONTACT INFORMATION

List name, relationship, address, and telephone number of two (2) persons to be notified in the event of an emergency.

EMPLOYMENT HISTORY

List your employers below starting with your current or most recent employer

Employer: Dates employed: Supervisor May we contact

EDUCATIONAL HISTORY

High School: _____

Did you graduate? Yes ___ No ___ Diploma ___ G.E.D. _____

College: _____

Did you receive a degree? Yes ___ No ___ Type of degree: _____

References

List the complete names, addresses, telephone numbers and relationship of five (5) people who have known you for the past five (5) years

Experience

List below any firefighting or first aid training that you have completed

List the name and contact information for any fire company/department that you have been a member of or affiliated with.

I agree that all the above statements are true and accurate to the best of my knowledge. Any false or misleading statements will be reason for rejection or dismissal from the Company. I understand that I will be interviewed by the membership committee at their convenience.

Applicant's Signature Date

Parent or Guardian (if under 18)