

# BAT CAVE VOLUNTEER FIRE AND RESCUE DEPARTMENT, INC

## APPLICATION FOR MEMBERSHIP

Under the terms of By-Laws of the Bat Cave Volunteer Fire and Rescue Department, Inc., I hereby make application for active membership. I have read the By-Laws and agree to comply with them and to obey the orders of any senior officer of the department. I agree to conduct myself at all times and in all places of manner, which reflects credit upon the department. I understand that membership will require considerable sacrifice of time and personal pleasure upon my part. I further understand that firefighting can and will endanger my physical health and possibly my life. I understand that membership in the department is a privilege, not a right, granted by the members under the By-Laws and that it may be withdrawn for good cause by the members. I further consent to a criminal background check, random drug testing, conducted by Bat Cave Volunteer Fire and Rescue Department. I submit the following information, which I certify, is correct to the best of my knowledge and belief.

**PLEASE PRINT CLEARLY**

DATE OF APPLICATION: \_\_\_\_\_

NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DRIVER LICENSE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

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

**PRESENT RESIDENTIAL ADDRESS:**

STREET \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: MOBILE \_\_\_\_\_ WORK/OTHER: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SELF EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ WORK HOURS \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

DUTIES OF EMPLOYMENT \_\_\_\_\_

INDICATE WHOM YOU WISH TO DESIGNATE AS YOUR BENEFICIARY:

\_\_\_\_\_ BENEFICIARY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

If you have any training and/or experience as a fireman, either volunteer or paid, give details on the back of this application. Include dates and names of persons who can verify this information.

\_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_ RECOMMENDED BY \_\_\_\_\_

ACCEPTED FOR MEMBERSHIP BY: \_\_\_\_\_ CHIEF

\_\_\_\_\_ ASST. CHIEF

DATE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_