

Marysville Fire Company
Application for Membership
(Please Print)

First Name _____ Last Name _____

Address _____
House # Street Name Apt # City, State, Zip

Home Phone _____ Date of birth _____

Age _____ Driver's Lic. # _____ Social Security # _____

Occupation _____ Work Phone _____

Employed by _____

Employer's Address _____

Reason for wanting to join the fire company – Check all that may apply

- Help with fundraiser activities such as Bingo, BBQ Chicken and Flower Sales
- Firefighting and rescue
- Apparatus Driver
- Fire Police
- Administrative Interest – non firefighting duties
- Junior firefighter member
- Other, please specify _____

Special Skills: List any skills or training that might be helpful, such as administrative duties, fire fighting, mechanical, electronic skills

Do you have any medical restrictions or disabilities that would require us to make any reasonable accomodations for you in order for you to perform the duties you are requesting?

No Yes If yes, please explain _____

Any arrests or violations (including driving violations) No Yes

If yes, please explain _____

Please list three references. Include their address and phone number (Do not list relatives)

- 1 _____
- 2 _____
- 3 _____

Signature of Proposed Member _____ Date _____

Signature of Sponsor Member _____ Date _____

Please attach \$4.00 to your application. If accepted, dues are \$1 a year for Active members and \$2 a year for social members/

Parent or Legal Guardian Statement

(To be filled out for those under 18 years of age. Please attach a copy of your working papers)

I _____ hereby give my consent for _____
(Please print name and relationship) (Print name of applicant)

To become a member of the Marysville Fire Company.

Signature of Parent/Guardian _____ Date _____

Investigating Committee Use Only

Recommendation _____

Comments _____

Investigating committee member signatures: _____
