



Woodsboro Volunteer Fire Company



Application for Membership

PLEASE PRINT ALL INFORMATION

TYPE OF MEMBERSHIP APPLYING FOR: () ACTIVE () SOCIAL

NAME: _____ DATE: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

HOME PHONE: () - _____ WORK PHONE: () - _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DO YOU POSSESS A MARYLAND LICENSE? YES(), NO() CLASS: _____

DRIVERS LICENSE #: _____ RESTRICTIONS: _____

PLACE OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS: _____

PREVIOUS EXPERIENCE: _____

IN CASE OF EMERGENCY, NOTIFY _____

RELATIONSHIP: _____ PHONE # () - _____

ADDRESS: _____

I HEREBY AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS, RULES AND REGULATIONS SET FORTH BY THE WOODSBORO VOLUNTEER FIRE COMPANY, INC. AND UPON SEVERENCE OF MEMBERSHIP I WILL RETURN ALL PROPERTY OF THE FIRE COMPANY IN MY POSSESSION.

SIGNATURE OF APPLICANT: _____

RECOMMENDED BY: _____

BOARD OF DIRECTORS ACTION

DATE: _____ APPROVED () DENIED ()

DEPARTMENT ACTION

DATE: _____ APPROVED () DENIED ()

FINAL PROBATIONARY RECOMMENDATION

CHIEF: _____ APPROVED () DENIED () EXTENDED ()

BOARD OF DIRECTORS: _____ APPROVED () DENIED () EXTENDED ()

DEPARTMENT: _____ APPROVED () DENIED () EXTENDED ()

DATE OF EXTENSION: _____ FINAL ACTION: _____