



Somers Point Fire Volunteer Fire Company #2 Application For Membership

Application must be returned within 25 days, a \$10.00 membership fee will be due upon acceptance for the first year

Please print or type all information except for signature's where required.

Name _____ Home Phone _____ Cell Phone _____
Last First Middle

Address _____

Length of residence _____ Years _____ Months. If less than 3 years, list previous residence.

List Employer's Name, address and phone number. _____

List length of employment _____

Current occupation and normal working hours, _____

Social Security Number, _____ Drivers License Number _____

Have you had any moving violations in the last 3 years? YES OR NO (CIRCLE ONE)

Present condition of your health. Excellent Good Fair (CIRCLE ONE)

Do you have any physical handicaps? YES OR NO (CIRCLE ONE)

If yes, please explain _____

Do you have any previous fire fighting training? YES OR NO (CIRCLE ONE)

If yes, please list all training: _____

Explain briefly the reason you want to be a member of Volunteer Fire Company #2. _____

Give three character references (not related)

Name _____ Home Phone _____

Address _____

Name _____ Home Phone _____

Address _____

Name _____ Home Phone _____

Name of Sponsor _____

I hereby confirm that all statements made on this application are true. I, the undersigned as a member of the Somers Point Volunteer Fire Company #2, will accept and abide by all the rules, regulations and by the by-laws of this organization.

Signature

Date

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For Membership Committee Use Only

Completed application received on: _____

Interview scheduled for _____

Interview Completed on _____

Committee recommendation: YES or NO (circle one), to accept applicant for probationary membership.

Reject applicant YES (circle if rejected)

If rejected is recommended, state reason, _____

Date accepted _____

Regular meeting date: _____

Probationary thru: _____