

**INGLESIDE VOLUNTEER FIRE DEPARTMENT  
MEMBERSHIP APPLICATION**



Date Turned In: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_

**Suppression**       **Support**

PLEASE PRINT	First	Middle	Last	DOB	Age	Height	Eye Color
Name							
Address(es)				Social Security #			
Mailing							
Physical				Driver's License Information			
Phone		Carrier		State	Number	Class	Exp
Email Address							

Family Information	Name	DOB	Emergency Contact
Spouse			Name
Child			Relationship
Child			Address
Child			Home Phone
Child			Cell Phone
Child			Other

Physician		Blood Type	
Address		Allergies	
Phone		Last Physical Date	
Any Physical Limitations		Need a Physical	YES      NO
Will ?	YES	NO	Location
Living Will?	YES	NO	Location

SFFMA Firefighter Certification (if applicable)	SFFMA Number (if known)
Introductory	YES      NO
Firefighter I	YES      NO
Firefighter II	YES      NO
Master	YES      NO
NIMS/ICS (please write in)	

Have you ever been convicted of a felony?	YES      NO	If Yes, when?
Where?	Charge?	Disposition of Case:

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<b>References x 3</b>			
<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Yrs Known</b>

<b>Employment History (most recent 1st)</b>			
<b>Name</b>	<b>Phone</b>	<b>Dates</b>	<b>Reason for Leaving</b>

**In your own words, please describe your reasons for applying for membership; please include any specialized training or experience that you may have.**


**PLEASE READ THE FOLLOWING STATEMENT THOROUGHLY BEFORE SIGNING APPLICATION**

I understand that an investigative report will be made whereby information is obtained through personal interviews with my neighbors, friends, employers or other. This report may include information on my driving record, character, reputation, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of the investigative report. I further understand that all results of the investigation shall be of confidential nature and shall be for the use of the Ingleside Fire Department ONLY.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_