Application for Membership Lisburn Community Fire Company

Date:	Please Print or Type	Application Fee: \$2.00
Last:	First:	MI·
	1 1150.	
		in:
DOB:	State: Z Male/Female: Home Phone: ()	Work Phone: ()
Call Dhone: (Email Address:	WOIK FIIOHE. ()
Carial Carreits: #	Email Address: (Required; failure to provide will re	
Social Security #:	(Required; failure to provide will re	suit in rejection of application)
Drivers License #:	Class: Expires:	
Membership Type - Check a	all that may apply:	
☐ Junior Fire Department N	Apparatus Driver Auxiliary (Member (Under 18 years of age or still in High So	chool; Work papers are required)
Notes: Auxinary Member Co	ould include administration, assistance with fund	raisers such as bingo, dinners, festival, etc.
	t be members of Fire Company.	
	of any crimes? YESNO	
	n a separate sheet of paper and attach in a sealed	envelope.)
	ed of any crimes? YES NO	
(If yes please list or	n a separate sheet of paper and attach in a sealed	envelope.)
Briefly avalain why you won	uld like to join our Fire Company.	
Briefly explain why you wor	uld like to join our thre Company.	
		
		
		
		
	ou ever been, a member of any other Fire Departs	
Yes No If ye	es, (please list)	
2) Has any disciplinary act	tion been taken against you in any emergency ser	vice? Yes No
	ase list on a separate sheet of paper and attach in	
	epartments listed above? Yes No	
4) Employer information:		
· •	Phone:	
Address:		
City:	State: Zip:	
5) List Three References th	hat are not relatives:	
Nama:	Phone	
	Phone:	
Address.		
City:	State: Zip: _	
NI	M	
	Phone:	
Address:	State: Zip:	
City:	State: Zip:	
	•	
Name:	Phone:	
		
City:	State:Zip:	
<i>j</i> ·	State: Zip: _	

The following information will be kept confidential and is for the use in our PASS tag program. Firefighters only must complete the enclosed block area:

L" Emergency (Contact:	Relation) .		
Name:	Phone: ()			
1 tdd1035.				
2 nd Emergency Contact:	Relation	n·		
Name:	Phone: ()	···		
Address:				
				
Physician Name:	Phone: () _			
Allergies:	Medications:			
Past Medical History:	ponor:Blood Pressure:	Religion:		
Blood Type: Organ Do	onor: Blood Pressure:	Pulse:		
	rious injury or illness in the past five lood Pressure, Diabetic Problems, B	e years, which could affect your ability as a firefighter reathing Problems ETC.)		
7) Certificates: (please include	a copy of each): Cert # Date Taken	Date Expires		
Fundamentals/Modules		2 ww 2p. v.		
II - M - 4/D - 61				
Basic Vehicle Rescue				
First Responder				
EMT				
Fire Fighter I				
Fire Fighter II				
EVOC				
Pump Operations				
Truck Operations				
Hepatitis B Vaccine				
•				
Please list any additional courses	s that are not listed above:			
I herby submit my application for	or membership with the Lisburn (Community Fire Company. I understand that the		
Company will perform a background investigation. I authorize the results of that investigation be presented to the members of the Company when my application is evaluated for Membership. I am including \$2.00 along with my application to be used upon acceptance as a member. I also understand that should my application be rejected the \$2.00 will not be returned to me. I further certify that all information provided is true and to the best of my knowledge and any mis-statement will be sufficient cause for removal from consideration for membership.				
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