

Danvers Community Volunteer Fire Protection District
MEMBERSHIP APPLICATION

(Please Print Legibly)

Name: _____ SSN: _____
(Last/Maiden) (First) (Middle)

Address: _____
(No.) (Street) (Town) (County) (State) (Zip)

Phone: (Home) _____ (Other) _____

Birth Date: _____ Age: _____ Where Born: _____ U.S. Citizen: _____

Name of Spouse: _____ Spouse Occupation: _____

Height: FT. _____ IN. _____ Weight: _____ LBS.

Do you have any disabilities? (If yes, list) _____

Health: (Circle): EXCELLENT GOOD FAIR POOR

Are you currently under a doctor's care? _____ YES _____ NO

If yes, please explain: _____

If no, when did you last see a doctor? _____ Reason: _____

Date of last physical examination: _____ Result: _____

Are you currently taking medication? _____ YES _____ NO

If yes, reason: _____

Have you, during the last 5 years, been confined in a _____ Hospital _____ Sanitarium
_____ Mental Institution?

List illness or physical condition requiring confinements and dates of confinements:

Describe any physical limitation that you feel should be considered in joining the Danvers
Community Volunteer Fire Protection District: _____

Do you _____ LIVE _____ WORK in the area of D.C.V.F.P.D.?

Can you be excused from work for emergency responses? _____ YES _____ NO

Can you attend all scheduled meetings and training sessions? _____ YES _____ NO

Are you willing to go to extra classes? _____ YES _____ NO

Are you willing to put in extra time, on occasion? _____ YES _____ NO

Do you own a car? _____ NO _____ YES: MAKE _____ YEAR _____

Do you have a driver's license? _____ YES _____ NO License #: _____

Has your license ever been suspended or revoked? _____ YES _____ NO

If yes, please explain: _____

Have you been issued any traffic citation in the last 4 years? _____ YES _____ NO

If yes, what was the reason: _____

Have you ever forfeited bonds, entered a plea of guilty, or been convicted of any crime?
_____ YES _____ NO If yes, please explain: _____

Have you ever been a member of a fire department, rescue squad, or similar organization?
_____ YES _____ NO

Name and address of organization(s): _____

Dates of Service: _____

Position held: _____ Reason for leaving: _____

List all related training you completed: _____

In a brief paragraph, state why you wish to join this department, what the department can gain from your membership, and what you expect to gain from membership:

May the fire department contact your present employer or any of the organizations or references which you have listed to ask questions regarding your character or abilities?
_____ YES _____ NO If no, explain: _____

Have you ever been arrested, summoned into court as a defendant or indicted, convicted, fined, imprisoned, or placed on probation, or has any case been filed against you? _____ YES
_____ NO If yes, explain: _____

I hereby make application for membership in the Danvers Community Volunteer Fire Protection District and agree that, if and when accepted for membership, I will abide by the rules, regulations, and by-laws of said department to the best of my ability. I certify I am physically able to perform the duties of firefighter.

Signature: _____

Date: _____ Sponsors: _____

OCCUPATION HISTORY:

Present Employer: _____

Address: _____

Telephone Number: _____

Occupation: _____

Days and Hours Worked: _____

Immediate Supervisor: _____

Date of Employment: _____

Previous Employer(s): _____

Address: _____

Telephone Number: _____

Occupation: _____

Immediate Supervisor: _____

Dates of Employment: _____

EDUCATION HISTORY:

SCHOOL	NAME & LOCATION OF SCHOOL	LAST YEAR COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER				

Titles held: _____

Specialty Degrees: _____

Long range occupational goals: _____

Areas of specialization: _____

Hobbies/Interests: _____

REFERENCES: List 3 people who are not related to you and who are familiar with your education or work experience:

NAME

COMPLETE ADDRESS
