

MEMBERSHIP APPLICATION
Arvin Hart Fire Company of the Stillwater Fire District

PLEASE COMPLETE ALL INFORMATION. Applying for: Interior Exterior Junior Membership

NAME: _____ Date of Birth: _____

ADDRESS: _____ Social Security Number _____

CITY: _____ STATE: _____ ZIP _____

PHONE: Home _____ Work: _____

EMPLOYER: _____ Supervisor: _____

Work Address: _____ City: _____ State: _____ Zip: _____

DRIVER'S LICENSE ID NUMBER: _____ CLASS: _____

Provide a copy of a Department of Motor Vehicles Record (MVR) with this application.

Motor Vehicle Violations: _____

ARRESTS AND CONVICTIONS (Misdemeanor and Felony/Non-Traffic Offenses):

FAMILY PHYSICIAN _____

Street _____ City _____ State _____ Zip _____ Phone _____

All members must have a physical and a fit test for respirator use if you intend to be an interior fire fighter. The fire district will supply this physical and it is your responsibility to make an appointment with the provider used by the fire district. Physicals normally are to be completed prior to acceptance by the district commissioners.

Have you ever been a member of another Fire Company? [Y] [N]

If yes, provide; 1. name, address and phone number, 2. A written recommendation from a Chief Officer, and 3. your reason for leaving.

Fire Co. _____ Address: _____ Phone: _____

Reason for leaving: _____

Attach written recommendation to this application.

Briefly explain why you want to join the Arvin Hart Fire Company.

NOTE: An application fee of three dollars (\$3.00) must accompany this application.

The Arvin Hart Fire Company reserves right to reject any application after review by the Board of Trustees.

Received by Secretary _____ Date _____

We, the undersigned members of the Arvin D. Hart Fire Company, Inc., propose this applicant for membership in the Arvin Hart Fire Company, Inc. The applicant will be briefed on the general duties of a volunteer fire fighter as well as the Company Standard Operating Guidelines, and the Company's Constitution and By-Laws by the Trustees.

SPONSOR: _____ DATE: _____

SPONSOR: _____ DATE: _____

SPONSOR: _____ DATE: _____

We, the Board of Trustees of the Arvin Hart Fire Company, Inc., have investigated the applicant to the best of our ability and present the following findings:

APPROVE [] DISAPPROVE [] RETURNED APPLICATION []

COMMENTS: _____

CHAIRPERSON: _____ DATE: _____

TRUSTEE: _____ DATE: _____

TRUSTEE: _____ DATE: _____

TRUSTEE: _____ DATE: _____

This application was acted upon by the membership at the monthly meeting on _____ and the total number of votes cast was as follows: _____ in favor, _____ opposed, _____ void, for a total of _____ votes.

This application was completed and forwarded to the Board of Fire Commissioners, Stillwater Fire District, on _____ by the Company Secretary: _____.

Board of Fire Commissioner's Action:

Motion to Approve [], Disapprove [] the application was made by the Board of Fire Commissioners of the Stillwater Fire District.

CHAIRMAN: _____ DATE: _____

COMMISSIONER: _____ DATE: _____

COMMISSIONER: _____ DATE: _____

COMMISSIONER: _____ DATE: _____

COMMISSIONER: _____ DATE: _____

- Added to County Self Insurance on _____ [phone] [letter] [fax] by: _____

Any intentional misrepresentations or falsifications will cause this application to be rejected.

DISCLOSURE AND RELEASE

In connection with my application for membership with the **Arvin Hart Fire Company of the Stillwater Fire District**.

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my membership.

SIGNATURE

TODAY'S DATE

PRINT NAME

DATE OF BIRTH

9 DIGIT DRIVER'S LICENSE NUMBER

STATE

LICENSE CLASS