



APPLICATION FOR MEMBERSHIP

_____ Date ___/___/___

Last Name _____ First Name _____

Social Security Number _____ DOB ___/___/___ Age ___ M/F

Current Address _____

Home Number ___ - ___ - ___ Cell Phone ___ - ___ - ___

High School Education

High School _____ Dates Attended _____

Address _____ Graduation Date _____

Credits _____ Major _____

Higher Education

School/College _____ Dates Attended _____

Address _____ Date of Graduation _____

Credits _____ Major _____

Driver License

Name (as appears on license) _____ State _____ Class _____

Restrictions _____ Date of Issue _____ Date Expires _____

Other License/Certifications

Issue Date	Expiration Date	Type of License	License Number	Agency
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Present Employment

Job Title _____ Dates Employed _____

Employer Name _____ Employer Phone Number ____ - ____ - ____

Employer Address _____

Work Schedule _____ Supervisors Name _____

Employment

Job Title _____ Dates Employed _____

Employer Name _____ Employer Phone Number ____ - ____ - ____

Employer Address _____

Work Schedule _____ Supervisors Name _____

Employment

Job Title _____ Dates Employed _____

Employer Name _____ Employer Phone Number ____ - ____ - ____

Employer Address _____

Work Schedule _____ Supervisors Name _____

Fire Department / Ambulance Experience

Rank / Title / Position _____

Dates of Membership _____ Fire Dept / Ambulance Name _____

Dept. Phone Number _____ Dept Address _____

Reason for leaving _____

Fire Department / Ambulance Experience

Rank / Title / Position _____

Dates of Membership _____ Fire Dept / Ambulance Name _____

Dept. Phone Number _____ Dept Address _____

Reason for leaving _____

Conviction Record

Arrest Date	Offense	Name and Location of Court	Sentence and Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of any offense anywhere? (yes / no) _____

Are there any criminal charges pending against you? (yes / no) _____

Health

Allergies _____ Blood Type _____ Past Medical History _____

References

Name _____ Phone Number _____ Relation _____

Address _____

References

Name _____ Phone Number _____ Relation _____

Address _____

References

Name _____ Phone Number _____ Relation _____

Address _____

Sponsor

Member Name _____ Rank _____ Date Joined _____

Relationship to applicant _____ Amount of time know applicant _____

I hereby certify that the above information is correct to the best of my knowledge. I agree to abide by all of the rules and regulations and by-laws adopted by the Broad Channel Volunteers, Inc. and to respect and execute all orders of the commanding officers of this department.

Applicant signature _____

Date _____



AUTHORIZATION FOR RELEASE

Last Name _____ First Name _____

Social Security Number _____ DOB _____ Age _____ M/ F

Current Address _____

Home Phone Number _____ Cell Phone _____

“I hereby authorize any licensed physician, medical practitioner, hospital or medical facility, insurance company, The Medical Information Bureau, Employer and previous employers, educational institutes or any person that has records of me or knowledge of me, my employment, my education or my health, to give The Broad Channel Volunteers, Inc. or their designee any such information”

A photographic copy, Xerox or similar reproduction of this authorization shall be as valid as the original.

Signature of Person Above

Date