

Bring APP to meeting  
1st Tues of month @ 6:30

# Lake County Volunteer Firefighters Association

## Membership Application

### ABOUT YOURSELF

Applicants Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How long at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous address: \_\_\_\_\_

How long at previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Name of Dependents: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone number: \_\_\_\_\_

Your occupation: \_\_\_\_\_ Your employer: \_\_\_\_\_

Are you a U.S. Citizen? YES NO

If you are a veteran, discharge type: \_\_\_\_\_

Name and address of organizations you belong to: \_\_\_\_\_

Do you have any physical disabilities? YES NO If yes, please list: \_\_\_\_\_

Are you currently using any illegal or addictive drugs (prescribed or otherwise), marijuana or medicinal marijuana? YES NO If yes, what: \_\_\_\_\_

California Drivers License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Is your drivers license currently revoked or suspended? YES NO

Has it been within the last three (3) years? YES NO If yes, why: \_\_\_\_\_

Year/Make/Model of vehicle: \_\_\_\_\_ License plate number: \_\_\_\_\_

Name of vehicle insurance company and policy number: \_\_\_\_\_

Have you ever been finger printed? YES NO If yes, why: \_\_\_\_\_

Have you ever been arrested? YES NO If yes, where and why: \_\_\_\_\_

Disposition of case: \_\_\_\_\_

### REFERENCES:

Name, address & phone number of two (2) non-related references:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

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**TRAINING**

**Do you have a High School Diploma or GED? YES NO**

**Do you have any firefighting training? YES NO If yes, what: \_\_\_\_\_**

**Do you have any medical training? YES NO If yes, what: \_\_\_\_\_**

**Do you have any other specialized training? YES NO If yes, what: \_\_\_\_\_**

**Recommended by (Association Member): \_\_\_\_\_**

**FOR COMMITTEE USE ONLY**

**Date received: \_\_\_\_\_ Received by: \_\_\_\_\_**

**Introduction date: \_\_\_\_\_**

**Vote for Reserve Firefighter (date): \_\_\_\_\_ Accepted: YES NO**

**Vote for Regular Firefighter (date): \_\_\_\_\_ Accepted: YES NO**

**Comments:**