

Cape St. Claire Volunteer Fire Company
Membership Application

Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Driver's License Number: _____

Restrictions: _____ Class: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Family Doctor: _____ Phone Number: _____

Religion: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Address: _____

Special Skills: _____

Fire/EMT Training: _____

If under 18 years of age, signature of parent or guardian: _____

I promise to obey the rules and regulations of the Cape St. Claire Volunteer Fire Company

Signature _____ Date: _____

Proposed by: _____

For Station Use Only

Investigation sent out on: _____ By: _____

Membership Committee approval by: _____

Date of membership approval: _____ Probation ending: _____

Application sent to volunteer coordinator on: _____