

MEMBERSHIP APPLICATION
HOPEWELL FIRE DEPARTMENT AND EMERGENCY MEDICAL UNIT

Date of Application: _____

Name: _____	Home Phone: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Date of Birth: _____	Social Security Number: _____	

Do you have a valid driver's license? _____ YES _____ NO

State of Driver's License _____ Driver's License #: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS

Have you ever been a firefighter and or EMT before? _____
If yes where? _____ Dates of service: _____

Have you ever been convicted of a crime? _____
If yes please explain: _____

Do you have any handicaps, disabilities or other impairments that may limit your participation in the performance of duties of a firefighter or EMT? _____
If yes please explain: _____

Please initial after reading the following statement: As a member of the Hopewell Fire Department and Emergency Medical Unit, I realize that I am obligated to comply with all current and future rules and regulations as stipulated by the By-Laws and Standard Operating Procedures of the Department.

Applicant acknowledges Emergency Service may be hazardous and strenuous. Applicant on behalf of himself/herself and his/her heirs, successors and assigns, releases and agrees to indemnify and hold harmless, the Board of Fire Commissioners from any and all claims or actions which may arise as a result of his/her involvement in Emergency Service.

Applicant acknowledges that the Board of Fire Commissioners provides limited hospitalization and life insurance for emergency personnel and that he/she is responsible to obtain any additional.

Initials of applicant: _____

By signing below, I acknowledge that all information supplied by me is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

Applicants Name: _____

Please list any special skills or training that may benefit this organization:
(management, mechanical, etc)

Personal References or recommended by:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

DO NOT WRITE BELOW:

___/___/___ Date received by Membership Committee

___/___/___ Date reviewed by Membership Committee

___/___/___ Date reported at HFD monthly meeting

NOTES:

