

East Fork Volunteer Fire Department
HC 73, Box 3493
Dingess, WV 25671
Telephone/Fax 752-5720
Email: eastforkfire@citynet.net
MEMBERSHIP APPLICATION

Applying For:
(check one)

- Active Firefighter (over age 18)
- Jr. Firefighter (age 16-17)
- Contributory
- Board of Directors

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ Social Security # _____

Color of Eyes: _____ Color of Hair: _____ Weight: _____ Height: _____

List someone we can notify in case of an emergency (include 2 phone numbers) _____

List any training or certification (must show proof) that you have, that may be beneficial to this department:

☛ **Include Four(4) Written Letters of Recommendation**

Applicant's Signature: _____ **Date:** _____

Department Use Only

Date Accepted for Review _____ Approved Yes ___ No ___

Membership Vote: Approved Yes ___ No ___

Date: _____ Time: _____

Motion Made By: _____

Second By: _____

All Approved By: _____

90 Day Probation: Start _____ Finish _____

90 Day Probation Waived, approved by _____