

Bahama Volunteer Fire Department



Membership Application

MEMBERSHIP APPLICATION FOR BAHAMA FD

Position Applied For (Darken Circle): Volunteer Part-Time Auxiliary

Personal Information Section

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Height: _____ Weight: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile: (____) _____

Email Address: _____

Date of Birth: ____/____/____ Marital Status: Single Married

Driver's License: Issued In North Carolina? Yes No License Class: _____

Driver's License Number: _____ Expiration Date: ____/____/____

Family Information Section

Spouse Information: (Full Name Please)

Name: _____ DOB: ____/____/____ SS# ____-____-____

Child Information: (Full Names Please)

1. Name: _____ DOB: ____/____/____ SS# ____-____-____

2. Name: _____ DOB: ____/____/____ SS# ____-____-____

3. Name: _____ DOB: ____/____/____ SS# ____-____-____

4. Name: _____ DOB: ____/____/____ SS# ____-____-____

Emergency Contact Name: _____

Relationship To You: _____

Emergency Contact Phone: (____) _____ Mobile: (____) _____

Reference Section

References: On the space provided below, please attach a list of at least three references, other than relatives, who can attest to your character, ability, and/or qualifications.

Reference 1:

Name: _____

Phone:(_____)_____

Mobile: (_____)_____

Relationship:_____

Reference 2:

Name:_____

Phone:(_____)_____

Mobile: (_____)_____

Relationship:_____

Reference 3:

Name:_____

Phone:(_____)_____

Mobile: (_____)_____

Affirmation Section

I have completed this application to the best of my knowledge and ability, and certify that all answers and statements on this application are true. I also understand that the reference section and employment history do not necessarily prevent me from becoming a member of this department . I also understand that any falsifications on this application will exclude me from becoming a member of this department.

Applicant's Name (PRINTED)_____

Applicant's Signature:_____ Date:_____