

APPLICATION FOR MEMBERSHIP  
Danville Volunteer Fire Department

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S# \_\_\_\_\_

Address \_\_\_\_\_ Daytime PH# \_\_\_\_\_

Evening PH# \_\_\_\_\_

VT Drivers License: \_\_\_\_\_

Have you been convicted of one or more moving violations or had your drivers license suspended or revoked within the past 5 years? \_\_\_\_\_ No \_\_\_\_\_ Yes-explain \_\_\_\_\_

PHYSICAL DISABILITIES? \_\_\_\_\_ No \_\_\_\_\_ Yes-Please specify \_\_\_\_\_

SERIOUS ILLNESS IN LAST 3 YEARS? \_\_\_\_\_ No \_\_\_\_\_ Yes-Please specify \_\_\_\_\_

PREVIOUS EXPERIENCE IN EMERGENCY SERVICES \_\_\_\_\_ No

\_\_\_\_\_ Yes

If yes please specify and advise where information can be verified

EDUCATION IN EMERGENCY SERVICES: \_\_\_\_\_

Certificate of attendance \_\_\_\_\_ NO \_\_\_\_\_ Yes

If No where can proof be obtained? \_\_\_\_\_

PRIMARY AVAILABILITY: \_\_\_\_\_ DAYS \_\_\_\_\_ NIGHTS

Fear of climbing ladders? \_\_\_\_\_ No \_\_\_\_\_ Yes

Why do you want to join the Danville Volunteer Fire Department \_\_\_\_\_

1. I certify that the above information is correct to the best of my knowledge
2. I will make an honest effort to attend all meetings, training sessions, functions and activities of the Danville Volunteer Fire Department
3. I will abide by all rules of the Danville Volunteer Fire Department

Signature of Applicant \_\_\_\_\_

**FIRE DEPARTMENT USE ONLY**

MEMBERSHIP APPROVED \_\_\_\_\_

MEMBERSHIP DENIED \_\_\_\_\_

GEAR ISSUED PANTS \_\_\_\_\_ SIZE \_\_\_\_\_

COAT \_\_\_\_\_ SIZE \_\_\_\_\_

BOOTS \_\_\_\_\_ SIZE \_\_\_\_\_

PAGER ISSUED \_\_\_\_\_

