

Application for Membership/ Jr. Explorer For the Temple Volunteer Fire/Rescue Department

Date:/				
	Last	First	Middle)
Name of				
Applicant:				
_			City/State/Zip)
Street			,	
Address:		/	, 	
Phone: ()	Cell: ()	Date of Birth:	/ /
				·
Email:				
	Name F	Relation	Phone	
Emergency Contact_				
I am applying for m	embership as a(ı	n) Active Me	mber or Explorer M	Iember
Current Occupation:		Em _l	oloyer:	
Have you ever been a	mambar of anoth	ar Fira Dana	rtment? Yes	No
Have you ever been a member of another Fire Department? Have you ever received compensation for injuries?			Yes	No
If YES, were these injuries work related?			Yes	No
Have you ever been of	Yes	No		
Have you ever been convicted of DWI			Yes	No
Thave you ever been e	onvicted of B W1		103	110
MEDICAL HISTOI	RY			
		ervous disord	ers, or chemical deper	dencies which
could affect your perf	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
, I				
			nd have found Him/H	
_		_	er. Any exceptions not	ed below.
Exceptions:				

Physician's Name (printed)	Physician's Signature		
my working ability or character. I understamaking false statements in this application	d the medical statement are accurate. of Fire Engineers to inquire of any person as to and that willfully withholding information or a will be basis for dismissal from the Temple e to obtain a physician's statement as to my		
Applicants Name (printed)	Parent/Guardian Name (printed)		
Applicant Name (signature)	Parent Guardian Name (signature)		
DO NOT WRITE BELOW THIS LINE	FOR DEPARTMENT USE ONLY		
Board of Fire Engineers: The above named applicant has been Apple Temple Volunteer Fire/Rescue Department (Signed, members of temple Volunteer)	**		
Department Clerk: Date:// On this date, the members of the Temple V			
(signed, Department Clerk)			