



# DEEP GAP VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
\_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License?  Yes  No License Number: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_

Car Available?  Yes  No CDL Class B?  Yes  No Endorsements: \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or mental disabilities?  Yes  No

If you indicate 'yes' it does not automatically disqualify you for service. Please list details on a separate piece of paper.

## EMPLOYER INFORMATION

Occupation: \_\_\_\_\_ Normal Working Hours: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
\_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Do you give Deep Gap Volunteer Fire Department permission to contact your employer, if required?  Yes  No

## REFERENCES

Please provide at least four references. If you have emergency services experience, at least one of your references should be able to comment on your service. If any of your references are members of Deep Gap Volunteer Fire Department, please list those first.

Reference 1 (Name & Contact Info)	Reference 2 (Name & Contact Info)	Reference 3 (Name & Contact Info)	Reference 4 (Name & Contact Info)

EMERGENCY SERVICES EXPERIENCE

Do you have any previous fire experience?    \_\_\_ Yes    \_\_\_ No    Total Years: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Do you have any previous EMS experience? \_\_\_ Yes    \_\_\_ No    Total Years: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

If you have no prior emergency services experience, skip to the signature section at the bottom of this page.

Department Name	Dates of Service	Highest Rank/Position	Chief/Director's Name	Phone Number

Please check any certifications that you have completed and attach certificates:

\_\_\_ Firefighter I    \_\_\_ Firefighter II    \_\_\_ EVD    \_\_\_ Driver/Operator    \_\_\_ Fire Instructor  
 \_\_\_ Fire Officer    \_\_\_ S130/S190    \_\_\_ L180    \_\_\_ TR General    \_\_\_ TR VMR  
 \_\_\_ Medical Responder    \_\_\_ EMT-B    \_\_\_ EMT-I    \_\_\_ Paramedic    \_\_\_ ICS 100  
 \_\_\_ ICS 200    \_\_\_ ICS 300    \_\_\_ ICS 400

Other Certifications: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Deep Gap Volunteer Fire Department.

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Signature of Applicant

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Date

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Signature of Legal Guardian  
(For Junior Member applications only)

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Date