

# WOODBURY HEIGHTS IMPROVEMENT, PROTECTIVE FIRE ASSOCIATION



*I hereby make application for membership in your Association, and if found worthy, do promise to comply with the Rules and Regulations of the Association.*

1. NAME: \_\_\_\_\_  
 First Middle Last
- 
2. ADDRESS: \_\_\_\_\_  
 PREVIOUS ADDRESS (How Long): \_\_\_\_\_
3. PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_
4. MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_ # of Children \_\_\_\_\_
5. EDUCATION: Grade \_\_\_\_\_ High \_\_\_\_\_ College \_\_\_\_\_
6. PREVIOUS MEMBERSHIP IN A FIRE COMPANY Yes \_\_\_\_\_ No \_\_\_\_\_
7. HAVE YOU ANY PHYSICAL HANDICAP OR OTHER DISABILITIES SUCH AS:

	YES	NO
a. ALLERGIES	_____	_____
b. CONVULSION OR SEIZURES	_____	_____
c. DIABETES	_____	_____
d. HEART TROUBLE	_____	_____
e. TUBERCULOSIS	_____	_____
f. KIDNEY TROUBLE, ULCERS, etc.	_____	_____
g. SERIOUS ACCIDENTS OR OPERATIONS	_____	_____
h. ARE YOU ON ANY MEDICATIONS	_____	_____

IF SO PLEASE LIST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. DO YOU, OR HAVE YOU, EVER USED DRUGS: YES \_\_\_\_\_ NO \_\_\_\_\_
- 8a. DO YOU, OR HAVE YOU, EVER BEEN TREATED FOR ALCOHOLISM? YES \_\_\_\_\_ NO \_\_\_\_\_

THIS HEALTH INFORMATION WILL NOT NECESSARILY BAR YOU FROM ADMISSION TO THE ASSOCIATION.

9. DATE OF LAST PHYSICAL EXAMINATION: \_\_\_\_\_
10. CHECK TYPE OF MEMBERSHIP: Fire \_\_\_\_\_ Ambulance \_\_\_\_\_ Junior \_\_\_\_\_

11. LIST SCHOOLS OR SPECIAL CERTIFICATES:

\_\_\_\_\_  
\_\_\_\_\_

12. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE:

YES \_\_\_\_\_ NO \_\_\_\_\_

IS SO, WHERE? \_\_\_\_\_

NATURE OF CHARGES: \_\_\_\_\_

13. LICENSE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

a. DO YOU HAVE A VALID DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

b. DO YOU HAVE A CONDITIONAL DRIVER'S LICENSE?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, WHAT? \_\_\_\_\_

c. HAVE YOU HAD A MOVING VIOLATION IN THE PAST THREE YEARS?

IF SO, PLEASE STATE: \_\_\_\_\_

14. WHY DO YOU WISH TO BECOME A MEMBER OF THIS ORGANIZATION?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. A FALSE OR DISHONEST ANSWER TO ANY QUESTION IN THIS APPLICATION MAY BE GROUNDS FOR RATING YOU INELIGIBLE OR FOR DISMISSING YOU AFTER APPOINTMENT. ALL INFORMATION WILL BE CONSIDERED IN DETERMINING YOUR PRESENT FITNESS FOR MEMBERSHIP.

ENDORSED BY TWO (2) MEMBERS:

1. \_\_\_\_\_

2. \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

JUNIOR FIREMAN PARENTS' SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

INTERVIEWED BY: 1. \_\_\_\_\_

2. \_\_\_\_\_