



# Holly Lake Volunteer Fire Department

## Application for Membership

Name: \_\_\_\_\_  
 last first middle

Date: \_\_\_\_\_  
 DoB: \_\_\_\_\_  
 SS#: \_\_\_\_\_  
 Gender:  M  F

Address (mailing): \_\_\_\_\_  
 Street City State Zip

Address (physical): \_\_\_\_\_  
 Street City State Zip

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

U.S. Citizen?  Yes  No If no, status of residence in U.S. \_\_\_\_\_

Have you ever been convicted of a felony or currently under indictment?  Yes  No

Occupation: \_\_\_\_\_ Skills: \_\_\_\_\_

Previous firefighting experience / training: \_\_\_\_\_

Are you aware of any medical condition that would be detrimental to your health and well-being due to stress, physical exertion, or extreme heat?  Yes  No If Yes, briefly explain limitation: \_\_\_\_\_

Are you aware of any medical condition that would limit your participation in firefighting activities or training?  Yes  No If Yes, please explain: \_\_\_\_\_

Marital status:  Married  Single  Divorced  Widowed

Spouse's name (if applicable): \_\_\_\_\_

Children: (1) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 (2) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 (3) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 (4) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please provide character references. The Membership Committee reserves the right to contact references to better understand the character and reputation of candidates.

(1) Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (2) Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (3) Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you discussed your desire to join the HLVFD with your spouse?  Yes  No  
 Does your spouse approve?  Yes  No