

“A Proud Island Tradition”

**South Hero Volunteer Fire Department
PO Box 112 South Hero, VT 05486**

Application for Membership

Name _____ Social Security # ____ - ____ - ____

Address _____ Town _____ State _____ Zip _____

How long at current address _____ Home Phone _____ Cell _____ Work _____

Current Employer _____ Length of employment _____

Supervisor's name _____ Supervisor's Phone # _____

DOB _____ Birthplace _____ Age _____ US Citizens Y or N

Height _____ Weight _____ Driver's License# _____ State _____

Prior Fire or EMS experience? Y or N Where _____ Yrs _____

Supervisor's Name _____ Contact # _____

Specialized skills or prior certification _____
(attach appropriate records)

Why are you applying to SHVFD _____

(use back if needed)

In case of Emergency contact: _____ Phone # _____

Have you ever been convicted of a crime or felony? Y or N If yes please explain

I certify that all the above statements are truthful and complete to the best of my knowledge. I authorize the SHVFD to investigate my background and to contact my supervisors and references. I agree to follow the By-Laws of the SHVFD, it policies SOGs and Directives. I understand and agree that membership is at the will of the Executive Committee as stated in the By-Laws and, although a volunteer organization, progressive discipline and dismissal procedures apply.

Signed _____ Date _____
(Parent/Guardian signature if a minor)

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References

Name _____ **Tel** _____

Relationship _____

Name _____ **Tel** _____

Relationship _____

Name _____ **Tel** _____

Relationship _____