

Franklin-Bingham Fire Department Membership Application

PERSONAL

Name _____ Address _____
 Date of Birth ____/____/____ (mm/dd/yyyy) City, State, ZIP _____
 Height ___' ___" Weight _____ lbs Residence Phone (____) _____-_____
 Eyes _____ Hair _____ Business Phone (____) _____-_____
 Social Security # _____-____-____ Pager/Mobile Phone (____) _____-_____
 Driver's License # ____-____-____-____-____ Type _____

TRAINING

Firefighter Training level: EMS Licensure: Expiration: _____
 FF I MFR EMT-B
 Fire Officer I EMT-S EMT-A
 None Other _____ None Other _____
 HazMat level: Date: _____ CPR Level _____ Exp. _____
 Awareness Operations
 Tech Specialist
 ICS: Yes No Driver Training: Yes No
 Other _____

APPLICANT AGREEMENT

I hereby apply for enrollment as a volunteer in the Franklin-Bingham Fire Department and agree to respond to all calls by siren, pager or other notification, and to attend all scheduled meetings, except as illness, business out of the area, or other urgent matters beyond my control may demand.

I understand that the bulk of my time on the department will be devoted to fire station and equipment maintenance, response training and related work, and that actual firefighting will involve only a small part of such time.

I agree to abide by that portion of the by-laws which require my automatic release from the department upon unexcused failure to attend the majority of scheduled meetings during the first six months (probationary) period of my enrollment, or during any twelve month period thereafter.

I agree to, upon release from the Franklin-Bingham Fire Department for any reason, to relinquish promptly to the personnel officer of the department all equipment or insignia issued to me as a member of said department.

I understand that it is my responsibility to give reasonable care to said issued equipment. I understand that the equipment issued to me is the property of Franklin-Bingham Fire Department and failure to return same will make me financially liable for its replacement costs.

Signature _____ Date _____