



FRANKLIN - BINGHAM FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Name _____ Address _____

Date of Birth _____ City, State, ZIP _____

Height _____ Weight _____ Eyes _____ Hair _____ Residence Phone _____

Driver's License # _____ Type _____ Mobile Phone _____

Social Security Number _____ Email Address _____

PREVIOUS TRAINING & EXPERIENCE

Prior / Current Fire Department Affiliations: _____

Firefighter Training level _____ EMS Licensure _____ Exp. _____

HazMat level _____ Date _____ CPR Level _____ Exp. _____

IS 100 / 200 / 700 / 800 Completed (circle) _____ VFIS Driver Training Completed: Yes / No _____

Please attach copies of all relevant certificate and licensure to your application

APPLICANT AGREEMENT

I hereby apply for membership as a volunteer in the Franklin-Bingham Fire Department and agree to respond to calls by siren, pager or other notification, and to attend all scheduled meetings and trainings, 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 and policies which require my automatic release from the department upon unexcused failure to attend the majority of scheduled meetings during the probationary period of my membership, or during any twelve month period thereafter.

I agree to, upon release from the Franklin Bingham Fire Department for any reason, to relinquish promptly 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 issued equipment. I understand that the equipment issued to me remains the property of Franklin Bingham Fire Department and failure to return same will make me financially liable for its replacement costs.

Signature _____ Date _____