

Butler Volunteer Fire Company Application for Membership

DRIVER LICENSE INFORMATION

State of Issue: _____ **Class:** _____ **License No:** _____

Expiration Date: _____

Have your driving privileges ever been revoked? _____

If yes, please explain fully: _____

CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted of a felony? _____

If yes, please provided all pertinent information, including date of conviction, charges, outcome and disposition etc: _____

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PREVIOUS EXPERIENCE

Do you now or have you ever belonged to any Fire, EMS, or Rescue Company either Career or Volunteer? _____

If yes, please list the company name(s) and date(s) of membership / employment:

Company 1: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor Name and Title: _____

Telephone: _____ **Member Dates:** _____

Reason for leaving: _____

Company2: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor Name and Title: _____

Telephone: _____ **Member Dates:** _____

Reason for leaving: _____

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Have you ever been rejected, suspended, or expelled from this or any other Fire, EMS, or Rescue Company (Career or Volunteer)? _____

If yes, please provide all pertinent information including dates: _____

If applicable, please provide your BCoFD ID number: _____

Please list all completed courses, training, and certifications including dates: _____

Are you willing to take training offered by this company? _____

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REFERENCES

List names of three (3) people not related to you, whom you have known for at least three (3) years and who are not members of the Butler Volunteer Fire Company:

NAME

ADDRESS

TELEPHONE

If applicable, list the names of two (2) members of the Butler Volunteer Fire Company with whom you are acquainted:

REQUIREMENTS

A Forensic Drug Test and Control Form, to be supplied by the Butler Volunteer Fire Company, must be completed and taken to Quest Diagnostic Service Center. Applicant must successfully pass the screening prior to consideration for membership.

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I HEREBY AUTHORIZE THE BUTLER VOLUNTEER FIRE COMPANY TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN NULLIFICATION OF THIS APPLICATION AND / OR SUBSEQUENT MEMBERSHIP BASED UPON IT'S CONTENTS.

Signature: _____

Printed Name: _____ **Date:** _____

Parent(s) or Guardian(s) consent for applicants under 18 years of age is required:

I / We, being the Parent(s) or Guardian(s) of the applicant whose name appears below, do hereby give consent for him / her to join the Butler Volunteer Fire Company.

Name of Applicant

Date

Signature of Parent(s)/Guardian(s)

Date

I, the undersigned, make application to become an active member of the Butler Volunteer Fire Company.

I, the undersigned, do promise to abide by all the laws and rules governing the Butler Volunteer Fire Company, either in effect or to become effective by vote of the membership.

I, the undersigned, understand that the Butler Volunteer Fire Company, at its expense shall undertake an investigation into my background and that I may be required to appear before the Membership Investigation Committee.

I, the undersigned, understand should my application for membership be accepted by the Members of the Butler Volunteer Fire Company, I shall be on a six-month Probationary Period. At the end of such period, I understand that I will be voted in again by the Members of the Butler Volunteer Fire Company, to become a Regular Member of the Company. I also understand that to be considered for permanent membership, I must actively support community fund raisings, take part in training and attend company meetings.

Signature of Applicant

Date

Parent/Guardian

Date