



Application for Membership

| | | |
|---|----------------------|-----------------|
| Full Name: _____ | DOB: _____ | DL: _____ |
| SSN: _____ | Home Ph.: _____ | Work Ph.: _____ |
| Sex: _____ | Ht: _____ | Eyes: _____ |
| Marital Status: _____ | Spouse's Name: _____ | |
| # Children: _____ | Employer: _____ | How Long: _____ |
| Emergency Contact: _____ | Home Ph: _____ | Cell Ph: _____ |
| Address: _____ | Work Ph: _____ | |
| City/State/Zip: _____ | Relationship: _____ | |
| Length of Residence in GSFD Area: _____ | Email: _____ | |

| | | |
|---|------------------------------|-----------------------------|
| Have you been convicted of any crimes other than traffic: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please explain: | _____ _____ | |
| Do you mind if we perform a background check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| |
|--|
| List any previous firefighting experience (Dept., Officer, Dates, City): |
| _____ |
| _____ |
| _____ |
| List any certifications held in firefighting or EMS: |
| _____ |
| _____ |
| _____ |
| Please list the reasons you wish to join this organization? |
| _____ |
| _____ |



What is your physical condition? _____

Medical History: _____

Do you have any respiratory conditions that might be affected by smoke or other gases? _____

If yes please explain: _____

Are you afraid of close spaces? _____

Do you wear glasses? _____

If so, if they were lost could you find your way out of a smoke filled room/building? _____

Are you aware of the hazards involved in firefighting? _____

Does your spouse have any reservations about your being a firefighter? _____

Will you be willing to assist in fund raising activities or any other non-firefighting activities in which the department may participate? _____

Are you interested in EMS involvement? _____

Will you be willing to spend time other than on drill nights to maintain equipment, station or train? _____

Please list any other skills or training that you may have that has not been previously listed

I do hereby agree to abide by the policies, rules, and by-laws of the Greenwood-Slidell Volunteer Fire Department and I further give the Greenwood-Slidell Volunteer Fire Department authorization to investigate my background, up to and including a criminal history check.

Printed Name: _____ Date: _____

Usual Signature: _____

In order to be considered for membership, you must be recommended by two members who are in good standing.

Member's Signature

Member's Signature