

**DUNNS CORNERS FIRE DEPARTMENT  
APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ SS No.: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ CDL: Y N

Medical History (Serious illnesses and/or medications you are currently taking and why):

Previous Firefighting/Emergency Services Experience:

**Additional Information:**

Do you now, or have you used illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense:  
(If yes, explain below): Yes \_\_\_\_\_ No \_\_\_\_\_

Has your driver's license ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been dismissed from another fire department or rescue service?  
(If yes, explain below): Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that:

- A. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information.
  
- B. In signing this application, I have read the attached information and apply for membership in the Dunn's Corners Fire Dept. I confirm the information that I have given on this form is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_