

Memphis Volunteer Fire Department

Serving the City of Memphis
Townships of Columbus, Richmond, Riley, and Wales

APPLICATION FOR MEMBERSHIP

Name: _____ Phone: _____ SSN: _____

Address: _____ How Long at Address? _____

If less than three years at present address, give previous address below:

Address: _____ How Long at Address? _____

Sex: _____ Height: _____ Weight: _____ Date of Birth: _____

Circle One: Single Engaged Married Separated Divorced

Do you own or rent at your current residence? Own Rent Other

Physical History

List below any physical limitations (eyesight, limb impairment, diabetes, etc.)

Health History: Do you have or have had any of the following?

Y	N		Y	N		Y	N	
		Asthma			Nervous Stomach			Head/Spinal Injuries
		Kidney Disease			Rheumatic Fever			Fainting, Seizures, Fits
		Tuberculosis			Muscle Disorder			Long Illness or Injury
		Syphilis			Mental Disorder			Any Nervous Disorder
		Gonorrhea			Heart Disease			Any Other Disease
		Diabetes			Stomach Disorder			Any Permanent Disability

If the answer to any of the above is yes, please explain: (Use back of this form)

Are you now or have you ever been on Workmen's Compensation: _____ When: _____

Experience and Qualifications

Have you ever been a member of another fire department: Yes No

If Yes, complete this line: Department: _____ City: _____ State: _____

Have you had any medical training? Explain: _____

List any special courses or training that you have that would be helpful to you as a firefighter: _____

Have you ever done any of the following:

Driven a large truck: Yes No Driven an ambulance: Yes No Operated water pumps: Yes No

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Driver's License Information

State: _____ License #: _____ Endorsements: _____ Exp. Date: _____

Has your license ever been suspended? Yes No

If yes, explain: _____

In case of an emergency, please notify:

Name: _____ Address: _____ Phone: _____

Applicant Affidavit

It is hereby agreed and understood that any false statements given on this application will be considered an act of dishonesty and will be deemed ample grounds for disapproval of this application.

By signing below, the signee certifies that all information was given to the best knowledge of the individual and that all information given was true.

Signature: _____ Date: _____

For Departmental Use Only

Applicant Accepted: Yes No

Date of acceptance/rejection: _____

If applicant was rejected, give reasons. If necessary, use a separate sheet which is to be attached to this form.
