

# Application for Fire Department Membership

## Grifton Volunteer Fire Department

### *Applicant's Information*

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cellular Phone (optional) (\_\_\_\_\_) \_\_\_\_\_

Pager (optional) \_\_\_\_\_ PIN \_\_\_\_\_

Drivers License Number \_\_\_\_\_ DL State \_\_\_\_\_

Date joined Fire Department \_\_\_\_\_

Paid Part-Time \_\_\_\_\_ Paid Full-Time \_\_\_\_\_ Volunteer \_\_\_\_\_

### *Next of Kin Information*

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Fire Chief's signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** To ensure our data is accurate and to properly enroll you with Workers' Compensation, all blanks must be completed before this application will be accepted in the Emergency Services Office.

When you fax an application, the original must be mailed or delivered to the Emergency Services Office within 30 days. A faxed application is not always legible.