



## **APPLICATION FOR MEMBERSHIP**

NAME:				
LAST	FIRST		Middle	
ADDRESS:				
STREET	CITY	STATE	ZIPCODE	
BIRTHDAY://	AGE:	SS	#:	
NC DIVER'S LICENSE NUBMER:				
BUSINESS ADDRESS:				
	STREET	CITY	STATE ZIPCODE	
HIGHEST GRADE COMPLETED	GED DIPL	OMA	COLLEGE	
EMERGENCY CONTACT:				
	NAME		PHONE NUMBER	
HEALTH CONDITONS (LIST IF ANY):				

- 1. Do you realize that this organization is not a social club and that as a member you will be required to give *freely of your time* to attend *calls*, *drills*, *and work on committees*? \_\_\_\_\_ (Initials)
- 2. I realize that if I, \_\_\_\_\_\_, am accepted for membership in the department: I will be giving part of my time to public service. I further realize that giving some form of public service is the duty of every citizen and hereby give my consent to this application.
- 3. I understand that I have *twelve (12) moths* from the initial joining date, in which, I join the department to take a basic firefighting or EMS training course along with a Hazmat Awareness training course.

SPOUSE/GUARDIAN:	DATE://
APPLICANT:	DATE://
CHIEF:	DATE://
DATE APPLIED:	DATE ACCEPTED:
START DATE – AUXILIARY:	FULL TIME:



## COATS – GROVE FIRE RESCUE, INC. POST OFFICE BOX 835 COATS, NC 27521 (910) 897-7575



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## TO ALL PERSECTIVIE MEMBERS FOR THE COATS-GROVE FIRE RESCUE, INC. - THE FOLLOWING DOCUMENTS <u>MUST BE RETURNED</u> WITH YOUR APPLICATION:

- Certified Copy of Your Driving Record
- Certified Copy of Your Criminal Record

I, \_\_\_\_\_, give Coats-Grove Fire Rescue, Inc. representatives permission to obtain and view copies of my personal driving record and criminal record.

IF YOU HAVE THE FOLLOWING – PLEASE RETURN WITH YOUR APPLICATION:

- A Copy of your Immunization Record or Proof of Hepatitis Vaccinations
- Any Certifications (such as FF, EMT, Hazmat, EVD, NIMS, etc.)

Briefly state why you are applying for membership:

References: (List 3 Persons – Professional / Friend – NO relatives)

	Name	Address	Phone: (Required)
1.			
2.			
3.			

Certificate of Applicant:

I clarify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following *Authorization to Release Information*: I hereby authorize my pervious employee, personal references listed, and other persons or institutions shown on my application to provide Harnett County / Coats-Grove Fire Rescue, Inc. to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and / or dismissal.

APPLICANT'S SIGNATURE