



P. G. Volunteer Fire Department, Inc.

Post Office Box 988
Marion, North Carolina 28752



Application for Membership

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Business Phone: _____

Social Security #: _____ Drivers License # _____

Height: _____ Weight: _____ Physical Condition: ___ fair ___ good ___ excellent

Blood Type: _____ Allergies: _____

Current medications: _____

Physical Impairments: _____
.....

Have you ever been a firefighter: _____ If yes, where? _____

Fire Department Name: _____ Contact Name _____

List all fire service certifications, training, and dates of completion: _____

.....

Employer: _____ Years: _____

Hours: _____ Days Worked: _____

Would your employer allow you to respond to alarms: _____

Do you live in PG Fire District? (Required) _____

Completion of this information is optional - Marital Status: _____ Children: _____



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Application for Membership Cont'd

Have you ever been convicted of a felony: _____ If yes, explain? _____

Beneficiary(s): _____

In case of accident, notify: _____ Relation: _____

List three personal references and their contact numbers:

.....
I understand that members of the P.G. Volunteer Fire Department are expected to attend regular scheduled meetings and participate in required training and drills. If accepted by the P.G. Volunteer Fire Department, I understand and agree to abide by all its policies and procedures. I also understand that a physical examination and/or drug test may be required, a current drivers license record and a criminal background check to be performed and turned in with this application before I will be granted an interview with the fire department.

Applicant Signature: _____

Date: _____

**Return to: P.G. Fire Department
P.O. Box 988
Marion, NC 28752**

Revised: 08/05/08