

# Active Membership Application

for the

**Lake Erie Beach Vol. Fire Company, Inc.**

*Proudly serving the Town of Evans since 1952*

**Fire ~ Rescue ~ Emergency Medical Services ~ Water Rescue**



# Lake Erie Beach Volunteer Fire Company, Inc.

## Application for Membership

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### Personal Information

Name (Last, First, MI) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address (street #, street, Town, zip) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

E Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Years with current job \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

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### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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### Immunization History

Type	Date	Type	Date
Tetanus		Hepatitis Vaccine	
Chicken Pox		PPD – (TB skin test)	
Other:		Other:	
Other:		Other:	

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### Firefighting Experience / Schools

Fire Co Name \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ # of years with company \_\_\_\_\_ Offices held \_\_\_\_\_

Fire Co. Name \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ # of years with company \_\_\_\_\_ Offices held \_\_\_\_\_

Schools (please provide copy of certificates) : \_\_\_\_\_

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## Emergency Medical Services Experience / Schools

Company Name \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ # of years with company \_\_\_\_\_ Offices held \_\_\_\_\_

Schools (please provide copy of certificates); \_\_\_\_\_  
\_\_\_\_\_

Level of Training: CFR \_\_\_\_\_ EMT \_\_\_\_\_ EMT-Intermediate \_\_\_\_\_ Paramedic \_\_\_\_\_

Currently Certified: Yes / No State #: \_\_\_\_\_ CPR / AED Trained: Yes / No Exp. Date \_\_\_\_\_

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## Education / Specialized Training

Please list below all educational experience beginning with high school. Please provide any copy of certificates, license numbers, diplomas, etc..

School	Year attended	Majors / Degrees

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## Post acceptance education

\*\*\*Schools of fire instruction must be attended within the first 2 years after admittance to the Fire Company or applicant is subject to dismissal. All applicants are subject to complete a physical examination, immunization record, arson check, and police back ground check before acceptance.

\*\*\* Copies of two types of identification are required for proof of US citizenship, one of which shall be: Birth Certificate, Passport, or Enhanced Drivers License.

Initiation Fee of \$5.00 & Dues of \$2.00 must be attached to this application.

I certify that I am a citizen of the United States of America, a resident of the Town of Evans, sound body and mind and have never been convicted of a felony. I hereby apply for membership to the Lake Erie Beach Volunteer Fire Company, Inc. and if elected to membership do hereby swear to uphold the Constitution and By Laws of the Fire Company and shall abide by the present and future rules and regulations of this Company and its' Officers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Recommendations

Recommended by two active members in good standing who can vouch for applicant

\_\_\_\_\_  
Member Name (print)

\_\_\_\_\_  
Company #

\_\_\_\_\_  
Member Name (print)

\_\_\_\_\_  
Company #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**\*\*DO NOT WRITE BEYOND THIS POINT – OFFICE USE ONLY\*\***

### Membership Committee report

The following items are needed to *complete application prior to application being place on the table for the General Body*:

Item needed	check if done
Completed application	<input type="checkbox"/>
Physician statement of ability to perform firefighting duties or physical	<input type="checkbox"/>
Arson check	<input type="checkbox"/>
Police background check	<input type="checkbox"/>
Two types of identification – Proof of US citizenship (birth certificate, passport, enhanced drivers license) please include an extra copy of drivers license for Chief	<input type="checkbox"/>
Dues of: \$2.00	<input type="checkbox"/>
Initiation fee of: \$5.00	<input type="checkbox"/>

The Membership Committee has inquired into the character and competency of the above application to the best of their ability and report the following:

### FAVORABLE / UNFAVORABLE

Reasoning for favorable or unfavorable recommendation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership Committee Members present (PLEASE print and then sign your name):

Name (print)

Signature


Date Investigation Completed: \_\_\_\_\_

## Presentation to General Body

This application, accompanied by physical, immunizations, fees, police and arson checks and 2 forms of identification were received and read at the regular meeting of the Fire Company on the following date \_\_\_\_\_, and hereby to be tabled.

**Signature of Membership Committee member** \_\_\_\_\_

**Date** \_\_\_\_\_

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### Findings

\*\*\* This application was reread at the next regular meeting of the Fire Company held on \_\_\_\_\_, and the applicant was: ( accepted / declined ) for membership by vote of the General Membership and the results of said vote are hereby noted into the company records.

Signature of Recording Secretary \_\_\_\_\_ Date \_\_\_\_\_

Signature of Membership Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of President / Vice President \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY- PLEASE ENTER DATES ACCORDINGLY:**

**COMPANY NUMBER ISSUED:**

ACCEPTED	EXEMPT (5 YRS)	LIFE	RESIGNED	EXPELLED	DECEASED

10/2011