

Carova Beach Volunteer Fire & Rescue, Inc.

Membership Application

Regular _____ Seasonal _____

Name: _____ Social Security Number: _____

Age (min 18): _____ Date of Birth: _____ Gender: Male Female Marital Status: Single Married

Driver's License Number: _____ State: _____ Expiration Date: _____ Class: _____

Local Address: _____

Mailing Address: _____

Phone Number: _____ (Home) _____ (Cell) _____ (Local)

Occupation: _____ Email Address: _____

Firefighting:

Formal Training: _____

Experience: _____

EMS:

Formal Training: _____

Experience: _____

Related Activities:

Formal Training: _____

Experience: _____

Pertinent Medical History: _____

Applicant certifies the information above is true and complete. Applicant commits to comply with all the bylaws and procedures of the organization and to participate in the activities of the organization, including response to **FIRE and or EMS calls** (at least **6 responses per year**) and in training programs when in residence (at least **36 hours per year**).

Please provide copies of the following items for our records: high school diploma, driver's license, marriage license (if name on HS diploma different than current name).

Applicant Signature: _____ **Date:** _____

Chief's Signature: _____ **Membership Date:** _____

Routing: Original – Chief Copy – Secretary Copy - Admin