



MEMBERSHIP APPLICATION

Full Name: _____ Phone No.: () _____

Mailing Address: _____ Social Security Number: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

E-mail Address: _____ Driver License No.: _____ State: _____ Class: _____

Beneficiary: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Supervisor: _____ Date Hired: _____

Blood Type: _____ Will Donate – Yes No

List any serious injury or illness: _____

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

Note: \$9.00 initial membership fee must be attached before application will be considered.

Membership Status Applying For

- ACTIVE:** Respond to at least 25% of calls, attend at least 6 meetings per year, and attend training classes and drills.
- JUNIOR:** Between the ages of 14 – 18
- SOCIAL:** Assist with fund raising and administration work

Junior Applicants Only, Complete The Following

School Attending: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Phone No.: () _____

Homeroom Teacher: _____

Current Grade: _____

Attach a copy of your last report card to application.
A valid work permit will be required upon application acceptance.

REFERENCES (other than family)

REFERENCE #1:

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REFERNECE #2:

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Proposed By _____

I, the undersigned applicant, authorize the Good Intent Hose Company #1 to do a criminal background check on me. I also hereby give my permission to the Good Intent Hose Company #1 to utilize any information on the application in whatever investigative procedures are deemed necessary.

APPLICANT SIGNATURE & DATE

IF JUNIOR APPLICANT – SIGNATURE OF PARENT OR GUARDIAN

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone No.: () _____

Mailing Address: _____ Work Phone No.: () _____

City: _____ State: _____ Zip: _____

MOTHER'S INFORMATION

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FATHER'S INFORMATION

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

MEMBERSHIP COMMITTEE APPROVAL
