

**MARRS TOWNSHIP VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION**

PERSONAL INFORMATION

PLEASE PRINT OR TYPE

Name:		
Date of birth:	Cell Phone: Cell Vendor:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Spouse/Parent Name:	E-mail	
Social Security Number:	Drivers License Number:	

OCCUPATION

Current employer:		
Employer address:		
Phone:	E-mail:	Supervisor Name:
City:	State:	ZIP Code:
Work Shift:	How Long Employed?	

EMERGENCY CONTACT

Name of a emergency contact:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

REFERENCES

Name	Address	Phone

AUTHORIZATION AND SIGNATURE

Please provide the following information so that your membership can be processed.

Have you ever been convicted of a felony?	Yes	No
Volunteer firefighters are expected to be able to stop and respond to calls at all hours of the day and evening. Are you willing to do that?		
Do you know any current members of the department? If so, whom: _____		
Will you grant us the authority to request a police background check?		

The department is offering you an opportunity to become a volunteer by signing this application.

Signature of applicant:	Date:
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This application can be completed and e-mailed to _____.
You can drop the application in the mail to MARRS Township Fire Department, Station 1, 3030 S. St. Philips Road, Mt. Vernon, Indiana 47620. You may also drop the application off at Fire Department Monday – Friday between the hours of 8 a.m. and 4 p.m.