

Presto Volunteer Fire Department

Application For Membership

Name: _____

Date of Birth: _____

Address: _____

Age: _____

Telephone Number: _____

Operator's License Number: _____

Social Security Number: _____

List Three References Known By You For At Least Five Years:

Reference Telephone Number

List Any Previous Emergency Services Experience

Place of Employment and Hours

List Any Past or Present Medical Problems

Fire Department Member Sponsoring Applicant: _____

I, the undersigned, do hereby make application for membership to the Presto Volunteer Fire Department and if accepted do hereby agree to follow and obey the Bylaws and Standard Operating Procedures of the Department.

Applicant's Signature: _____ Date: _____

Under the Age of Eighteen, Parent or Guardian Signature _____

All Applications Must Be Accompanied By \$5.00 Application Fee

Fire Department Use Only	VOP	Key	Points	VOS
Date				