

Membership Application
Fairhope Volunteer Fire Department

Applicant's Name _____ Date of Birth ___/___/_____

Home Address _____

Mailing Address _____

Circle One: Married Single Other _____

SSN: _____ - _____ - _____ Home Phone _____

Employed By: _____ Work Phone _____

Cell Phone: _____ Email: _____

Employer's Address: _____

Are there any members of Fairhope Volunteer Fire Department working for the same firm?

YES / NO If so, how many? _____

Spouse's Name: _____ Number of Children: _____ Ages: _____

Next of Kin: _____ Relationship: _____ Phone No. _____

Who to contact in case of Emergency: _____

Phone Number: _____ - _____ - _____ Address: _____

Your Blood Type: _____ Your Spouse's Blood Type: _____

If needed, are you willing to donate blood? YES / NO Is your Spouse? YES / NO

Do you have any physical disabilities? YES / NO If yes, please explain below:

Do you have or have you had any of the following problems? Asthma _____

Heart Attack _____ Any breathing difficulties _____ Emphysema _____

High Blood Pressure _____ Hemophilia _____

Have you had recent surgery? YES / NO If so, please give details and date:

Do you have any allergies? YES / NO If yes, please state all below:

It will be required of you to take and PASS a physical examination, which includes a Drug Screen Test prior to becoming a Firefighter. Are you willing to comply with this? YES / NO

Do you have a Police Record? YES / NO If yes, please explain:

Do you hold a current Alabama Drivers License? YES / NO Driver's License # _____

Driver's License Class(s): _____

Have you ever had a driver's license suspended or revoked? YES / NO If yes, please explain:

Have you ever had traffic violations for the following?

Speeding (____) Reckless Driving (____) DWI or DUI (____) Running stop sign or light (____)

If yes to any of the above, please explain:

Have you ever taken Defensive Driving? YES / NO If yes, Date Taken: ____/____/____

Have you ever taken Driver's Training? YES / NO If yes, Date Taken: ____/____/____

Have you ever had any of the following training, and if so, to what extent?

First Aid: _____

CPR: _____

EMT: _____

Water Safety: _____

Law Enforcement: _____

Fire Fighting: _____

Have you ever belonged to a fire department? YES / NO If yes, where and when?

Reason for Leaving: _____

