



Hartsville Fire Co. No. 1

Membership Application

Date _____

Cadet (14-15) Junior (16-17) Senior FF (18 & Over) Administrative

Name: _____ Phone (Home): _____

Address: _____ Phone (Cell): _____

City: _____ State: ____ Zip: _____ Phone (Work): _____

Email Address: _____ Age: ____ Date of Birth: _____

Drivers License: Yes No License Number: _____ State: ____

Occupation: _____ Years/Months Employed: _____

Address: _____ Work Hours: _____

City: _____ State: ____ Zip: _____ Employers Phone: _____

List Job Skills: _____

Relative Name: _____ Relation to Relative: _____

Address: _____ Phone (Home): _____

City: _____ State: ____ Zip: _____ Phone (Cell): _____

In case of an emergency, should we contact your nearest relative? Yes No

Have you ever been convicted of a crime? Yes No

Are you currently or have you ever been a member of another Fire Company or EMS Organization? Yes No Years/Months w/ Organization: _____ Rank: _____

Organization Name: _____ Phone: _____

Address: _____ May we contact them? Yes No

City: _____ State: ____ Zip: _____ Contact Name: _____

Do you wear glasses? Yes No Are they required for driving? Yes No

Any medical conditions? Yes No List Condition(s): _____

Any known allergies? Yes No List Allergies: _____

Have you ever used a controlled substance: Yes No Type: _____

Do you have any physical handicaps or disorders? Yes No Type: _____

A physical may be required, are you willing to complete a physical exam? Yes No

References: Provide 3 names (other than family) who you have known for at least 1 year.

Name:	Address:	Phone: