



EDGECOMB FIRE DEPARTMENT
Edgecomb, Maine 04556

APPLICATION FOR MEMBERSHIP

Name: _____

Mailing Address: _____

Phone: Home: _____

Work: _____

Cell: _____

Email address: _____

Driver's License: State: _____ Number: _____

Social Security Number: _____/_____/_____

Date of Birth: ____/____/_____

Employer: _____

Employer's Address: _____

Do you have any?

Fire Training: _____

1st Aid/EMS Training: _____

If yes, with which Department(s): _____

Will you be able to provide us with copies of your training certificates? [] YES, [] NO

Will you be able to attend our monthly business meetings which are held on the second Tuesday of each month? [] YES, [] NO

Will you be able you leave your job to respond to a fire call? [] YES, [] NO

Do you have any medical or physical conditions that would limit your ability to participate in the heavy physical work of firefighting? [] YES, [] NO

If yes, please explain:

In case of an emergency/accident, who do we contact?

Name: _____

Phone #: _____

Relationship: _____

I understand that for my own protection and safety, Federal and State law requires a certain level of training for the volunteer positions of Firefighter, Emergency Medical Responder and/or First Responder. I further understand that I will be withdrawn from the active duty roster and that I will be required to return to the Edgecomb Fire Department, all equipment that has been issued to me if I fail to attend three (3) consecutive training sessions, or if I fail to attend at least 50% of each months work nights unless excused by the department Chief. I further understand that I will be required to wear the protective clothing and gear issued to me at all emergency scenes and at live training drills.

Signature: _____ Date: ____/____/____

Date accepted into membership: ____/____/____

_____ has been assigned to sponsor this new member.

Signed: _____, Dept. Sponsor

Signed: _____, Dept. Chief