

Application For Membership:

Thank you for your interest in becoming a member of the Morris Volunteer Fire Department. The intent of this letter is to inform you of the application process.

- Please fill out the application to the best of your knowledge.
- Place filled out application in sealed envelope and return to the Fire House. Place filled out background check form in the separate envelope to the Fire House.

Photo Identification:

- Please include a copy of valid Drivers License, copy of your Social Security Card, and a copy of any current certifications or licenses in envelope with application.

Medical Exam:

- All Applicants are required to pass a medical exam with fitness testing by ST Francis Medical Center at no cost. All information is kept confidential.
- Applications will be presented and reviewed by the membership committee

Morris Volunteer Fire Department INC.

APPLICATION FOR JUNIOR MEMBERSHIP

Being a resident of or employed in the Town of Morris, and being under 18 years of age, I hereby submit an application for membership in the Morris Volunteer Fire Department, Inc.

Upon election to department membership, the applicant must pass the required physical before being placed on the active list.

I herewith agree to take a physical as required by the Town of Morris. This physical shall be paid by the Town of Morris and shall be taken after the election to the Department.

I am interested in: Fire () EMS ()

Name _____ Date of Birth. _____

Address _____

Phone #: (day) _____ (evening) _____

(cell) _____ Best Time to Reach: _____

Place of employment: _____

Full Time: _____ Part Time: _____

List any fire, EMS or training courses: _____

List Any Hobbies, Interests, and/or Memberships that would be an asset: _____

References from any previous fire departments:

Dept Name: _____ Chief's Name _____

Dept Name: _____ Chief's Name _____

Emergency Contacts:

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

Family Doctor _____ Phone _____

Have you had a Hepatitis B vaccination? _____

List 3 personal references not related to you:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signature _____ Date _____

Signature of Parents or Legal Guardians:

_____ Date _____

_____ Date _____

Department Use Only:

Application received and reviewed by membership:

Signature: _____ Date: _____

Application reviewed by membership and interviewed:

Signature: _____ Date: _____

Application presented to body:

Approved: _____ Rejected: _____

Signature: _____ Date: _____

Application For Membership:

Department Use Only:

Name Of Applicant: _____

Date of Applicant Reviewed: _____

Comments and Remarks: _____
