

Windsor Township Volunteer Fire Department

3188 County Road 36, Chesapeake, OH 45619

Application for Membership

I (PRINT YOUR NAME) 1. _____ hereby make application for membership as an (PICK ONE) ACTIVE / CONTRIBUTING member of the Windsor Fire Company No.1600 If accepted into membership I will abide by the Governing Documents of the organization and perform my duties to the best of my abilities. Further, I will submit proof of age where necessary to prove eligibility for class of membership. The facts stated on this application are truthful and without fraudulence. I understand that any misrepresentation of the facts on my application will be grounds for immediate dissolution of my membership. I agree to the release of all public and private information concerning myself & my lifestyle as it relates to the acceptance and continued service in the department – this release includes but is not limited to background checks, drug-testing and friends & family interviews. I also agree to make every effort afforded to me to respond to calls and meetings.

2. Dated: _____ 3. Signature: _____

Applicant information

4. Sex: MALE / FEMALE 5. Marital Status: _____ 6. Date of birth: _____

7. Home Address: _____

8. Home Phone #: () _____ - _____ 9. Social Security # _____ - _____ - _____ 10. Drivers license # _____

In case of an emergency we should contact

11. Name: _____ 12. Relationship: _____ 13. Phone Number: () _____ - _____

14. Street Address: _____

15. Alternate: _____ 16. Relationship: _____ 17. Phone Number: () _____ - _____

18. Street Address: _____

Are you or have you ever been affiliated with any other emergency service organization.

19. If yes, Name of the organization: _____

20. Address of the organization: _____

21. Organization's Phone Number: () _____ - _____ 22. Contact person: _____ 23. Title: _____

24. Your Employer's Name: _____ 25. Phone Number: () _____ - _____

26. Address: _____

27. Have you ever been convicted of a crime (including DUI) YES / NO If yes, explain the what, where, and when of the conviction.

28. Do you use alcohol: YES NO Amount of Use: _____ 29. Do you use ANY illegal substances: YES NO

Department use only

To the Officers and members of Windsor Fire Company No. 1600. The Windsor Fire Officers have investigated this applicant and find NO REASON / REASON that the applicant should be ACCEPTED INTO / REJECTED FROM membership in the company.

DATED: _____

Background Check Completed: _____ Attach is copy of the report

SUBMITTED BY: _____, _____

Station use

Physical completed: _____ Applicant Initial Drug Test: Pass Fail Date: _____

WINDSOR FIRE DEPARTMENT

Application assistance sheet

This page is designed to help you complete the Windsor Fire Department application for membership form. First place an **X** in the box next to the Fire Company Status you wish to apply to.

1. Print your legal name on the line provide in the statement of application.
 2. Date you sign this application.
 3. Place your signature on this line. Remember that by signing this you are agreeing to the statement above it.
 4. Circle whether you are a Male or Female.
 5. On this line you enter your current Marital Status.
 6. On this line you enter your date of birth.
 7. On this line enter your current address, including the number, street, town, and zip. If applicable also include your apartment number or box number
 8. Now enter your home phone number including the area code.
 9. Enter your 9 digit Social Security Number.
 10. Enter your Driver's license Number on this line include the state for which is issued from.
 11. Give the name of the person that you want us to contact in case of an emergency involving you.
 12. Enter what relation this person is to you.
 13. Enter the phone number in which we can contact that person in case of emergency.
 14. Give the address of your emergency contact in case we have to go to their home to make contact.
 15. Enter the name of an alternate person that we can contact in case of an emergency involving you.
 16. Enter what relation this person is to you.
 17. Enter the phone number in which we can contact that person in case of emergency.
 18. Give the address of your emergency contact in case we have to go to their home to make contact.
 19. Enter the name of any emergency services organization you have been affiliated with. If there is none, write NONE on this line.
 - 20 Give the address of the organization list on line19. If you have not entered any organization on line 19 leave blank.
 21. Give the phone number of the organization listed on line 19. If you have not entered any organization on line 19 leave blank.
 22. Give the name of a person in which we can contact from that organization listed on line 19. If you have not entered any organization on line 19 leave blank.
 23. Enter the title of the person listed on line 22. If you have not entered any organization on line 19 leave blank.
 24. Enter the name of your employer on this line.
 25. Enter a phone number in which we can contact your employer.
 26. Enter the address of your employer on this line. Also list any remote report location if applicable.
 27. On the lines provide list any conviction you have been charged with include what happened, where it happened, and when it happened.
 28. Place an **X** in the box associated with your current use of alcohol. Then state whether your use is **occasional, social, weekly or daily.**
 29. Place an **X** in the box associated with your current use of any and all illegal substances.
- The section in red is for department use only; please do not make marks in this section