



## VOLUNTEER FIRE DEPARTMENT

### Application for Membership

(Please Print)

<b>Name:</b>	
<b>Date of Birth (Month/Date/Year):</b>	<b>Social Security Number:</b>
<b>Washington Driver's License Number:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Cell Phone:</b>	<b>E-mail:</b>
<b>Beneficiary Name (for state firefighters insurance):</b>	
<b>Beneficiary Mailing Address:</b>	
<b>City, State, Zip Code:</b>	

I respectfully submit application to join the members of the City of Bingen Volunteer Fire Department. I agree to obey the orders given by my superior officers, to present myself in a professional manner and to obey the standard operations procedures of the department. I also promise to attend all alarms, drills and meetings, unless prevented to do so by some unavoidable occurrence.

I do hereby swear that I am not a felon and that I am a legal resident of the United States of America. I am to the best of my knowledge, in good health and not subject to any ailment which would interfere with my duties as a firefighter.

I hereby give consent for fire officials to run a background check for felonies and/or warrants.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Background Check Date:	Results:
Pension/Disability Fee Submission Date:	Date Active: