



**CITY OF BINGEN
VOLUNTEER FIRE DEPARTMENT**

Application for Membership

(Please Print)

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

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: