

DEBARY VOLUNTEER FIREMEN'S ASSOCIATION

Application for Membership

Name: Last _____ First _____ Middle Initial _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell #: () _____

Email Address: _____ Date of Birth: _____

Sex: _____ Marital Status: _____ Driver's License #: _____

Have you ever been convicted of a crime? If yes, what, where and when: _____

Education: High School: _____ College: _____ Vocational _____

Other Skills: _____

Hobbies: _____

Any Physical Limitations? _____

Why do you wish to be a member of the DeBary Volunteer Firemen's Association? _____

Important Note to All Applicants

You must submit a copy of your Driver's License with this application. All applicants will be required to have a background check conducted by the Orange City Fire Department before being accepted as an Association member.

Date Received: _____ Received By: _____

Date Reviewed: _____ Date Approved: _____

Date Voted into the Association: _____