ELLINGTON VOLUNTEER FIRE DEPARTMENT AUXILIARY

Application for Membership

Name: _____
First Middle Last

Address: _____
Street & Mailing City State Zip

Are you over eighteen? Y N
(please circle one)

Phone: _____ _____ email: _____
Home Work

Occupation: _____

Employer: _____

Fire Dept. Auxiliary Experience: _____

Allergies: _____

Disabliities: _____

In case of emergency, please notify: _____

_____ _____
Relationship Phone Number

I realize that if I, _____, am accepted for membership in the Ellington Volunteer Fire Department Auxiliary that I will be giving part of my time to public service. I realize that giving some form of public service is the duty of every citizen and hereby give my consent to this application.

_____ _____
Signature of Applicant Date

If you have any special interest; hobbies or talents that can be an asset to the auxiliary please list them on the back or a separate sheet of paper:

EVFDAux. USE ONLY:

Date Received by Auxiliary: _____/_____/_____ Received by: _____

Date of Interview_____/_____/_____ Recommendations: Yes No

Date voted on for probationary membership:_____/_____/_____ Accepted:____ Rejected:_____

Date Notified:_____/_____/_____ By Whom:_____

Date of Permanent Membership:_____/_____/_____