

Adams Township Volunteer Fire Department Application

Name _____

Date _____

Address _____

Driver's License No. _____

Social Security No. _____

Phone (home) _____

Employer _____

Phone (work) _____

Normal Work Hours _____

Make/Model/Year of personal vehicle: _____

Can you:

YES

NO

Work weekends?.....

Leave work during a shift?.....

Do you:

Agree to have a physical examination?.....

Agree to have your driving record checked?.....

Agree to have a criminal history check completed?.....



Please list the reason(s) for applying for membership in the Adams Township Fire Department:

Do you have any impairments (physical, mental, or other) that would prevent you from performing fire department duties? YES NO

If yes, please explain:

Emergency Contact Information: Name _____ Phone _____

Physician Name/Hospital: _____ Phone: _____

I agree that the information provided above is accurate and that the fire department may verify such information, including conducting background checks and obtaining a copy of my driving record, criminal history, and physical examination. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or persons from any liability connected with such disclosure.

I further agree that if accepted for membership in the fire department, I will obey all policies and procedures of the township, the fire department, and all applicable statutes of the State of Michigan. I understand that the fire department membership is on an at-will basis and may be terminated by the township for any reason.

Signature of Applicant _____ Date _____

Office Use Only:

Date Rec'd _____

Approved _____ Denied _____