Ellendale Volunteer Fire Company, Inc.
Application Process

1. Application is handed out

2. Return Completed Application to EVFC

3. Interviewed by Board of Directors (B.O.D) and Membership Committee

4. Information is presented to EVFC at monthly meeting *(2nd Tuesday of every month).*

5. EVFC votes on whether to proceed with application process

6. If approved, authorization is given for background check and physical. Upon passing results of background check and physical applicant immediately begins probationary period of 1 year.

7. Upon ***satisfactory completion*** of probationary period, said member will be voted on for membership (Associate/Regular).

__Satisfactory completion__ – completion of all required fire school courses and all membership quotas be met set forth in the EVFC by-laws

Ellendale Volunteer Fire Company, Inc.

Application for Membership

(Junior · Regular · Associate)

Please circle one ONLY

(SECTION 1 – CONTACT INFORMATION)

DATE OF APPLICATION: _____ / _____ / _____

APPLICANT: _____
     (Last Name)   (First Name)   (Middle Initial)

ADDRESS: _____ _____ _____ _____
    (Street Address)   (City/Town)   (State) (Zip Code)

MAILING ADDRESS: _____ _____ _____ _____
(If Different than Above) (Street Address) (City/Town) (State) (Zip Code)

DATE OF BIRTH: _____ / _____ / _____   SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME TELEPHONE: (_____) - _____ - _____   WORK TELEPHONE (_____) - _____ - _____

(SECTION 2 – PREVIOUS AFFILIATION)

HAVE YOU EVER BEEN A MEMBER/EMPLOYEE OF ANY OTHER FIRE COMPANY? YES _____ NO _____

IF SO,

  HOW LONG? _____YEARS   NAME AND ADDRESS OF FIRE DEPARTMENT

              _____

              _____

              _____

TRAINING THAT MAY BENEFIT THE ELLENDALE FIRE COMPANY? _____

(SECTION 3 – REFERENCES)

LIST 3 REFERENCES BELOW THAT WE CAN CONTACT…

_____ (_____) - _____ - _____ _____
(LAST NAME, FIRST NAME) (PHONE NUMBER) _____
              (MAILING ADDRESS)

_____ (_____) - _____ - _____ _____
(LAST NAME, FIRST NAME) (PHONE NUMBER) _____
              (MAILING ADDRESS)

_____ (_____) - _____ - _____ _____
(LAST NAME, FIRST NAME) (PHONE NUMBER) _____
              (MAILING ADDRESS)

FOR COMPANY USE ONLY

RECOMMENDED BY: _____ DATE RECOMMENDED: _____ / _____ / _____

MEMBERSHIP COMMITTEE: (APPROVED) (DISAPPROVED) _____
              (COMMITTEE CHAIRMAN)

PROBATIONARY PERIOD BEGINS ON: _____ / _____ / _____

MEMBERSHIP: (ACCEPTED) (REJECTED) _____ _____ / _____ / _____
         (PRESIDENT, EVFC)   (DATE)