SUMMERDALE VOLUNTEER FIRE DEPARTMENT INTEREST FORM

Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____

Phone Number: _____ **E-Mail:** _____

Date of Birth: _____ **DL #:** _____ **State:** _____ **Exp. Date:** _____

Emergency Contact: _____

Phone: _____ **Relationship:** _____

Emergency Contact: _____

Phone: _____ **Relationship:** _____

Allergies: _____

Preferred Hospital: _____

Do You Have Any Fire / EMS Experience? _____

_____

_____

List Anything Else We May Need to Know: _____

_____

_____

_____

To qualify for probationary membership, you must attend a minimum of four (4) scheduled meetings. Members are added during business meetings which are scheduled for the first Tuesday of each month. During the business meeting, please make sure to bring your Drivers License, Social Security Card, and a blank check if you choose to participate in the stipend program, all paperwork will be completed concluding the business meeting.

You will not be eligible for stipend prior to being voted on for full membership.

For details regarding membership, please refer to Membership Policy 25-002.

Signature: _____ **Date:** _____