

Twin Township Volunteer Fire
11521 US Rt. 50
PO Box 577
Bourneville, OH 45617
740-703-7518
sallenttfd@yahoo.com

APPLICATION FOR MEMBERSHIP

Please Print

Name: _____

Address: _____

City, State, Zip: _____

Phone# (Home) _____ (Cell) _____

D/O/B _____ SS# _____ DL# _____ Exp _____

Are you currently a certified Firefighter? _____ Level _____ Certification #: _____

Are you currently a certified EMT? _____ Level _____ Certification #: _____

Are you currently or have you ever been a member of another department? _____

If yes and still a member, has the chief been notified? _____, If no please explain _____

Have you ever been convicted of a misdemeanor or felony? _____, if YES please explain _____

List all types of EMERGENCIES/First Aid training you have had, and dates completed: _____

Additional space needed for anything above please list, _____

REFERENCES

Name: _____ Phone #: _____ Years Known: _____

Address: _____

Name: _____ Phone #: _____ Years Known: _____

Address: _____

Name: _____ Phone #: _____ Years Known: _____

Address: _____

WORK HISTORY

Employer: _____ Supervisor: _____ Contact #: _____

From _____ to _____ Reason for leaving: _____

Employer: _____ Supervisor: _____ Contact #: _____

From _____ to _____ Reason for leaving: _____

Employer: _____ Supervisor: _____ Contact #: _____

From _____ to _____ Reason for leaving: _____

I will attend regular Fire meetings and trainings. _____. (Trick workers cannot attend all meetings/trainings and this fact is accepted.)

I, _____, hereby authorize a member of the Twin Township Fire Department or their Designated Representative to make any checks necessary to verify the above information and/or check with any agencies that, in their belief, might have information relative to my character on this application.

Twin Township Volunteer Fire Department Agreement:

I, _____ (print), promise to complete my training class and run for 1 year on the Twin Township Fire, unless illness or reasons beyond my control prevents me from doing so. If I fail to complete the training after I start or fail to run actively for one (1) full year on this department, I will REIMBURSE the Twin Township Trustees the FULL cost of my training. There may be reasons that I cannot complete my training. In that case, the Twin Township Trustees, on the advice of the Fire Chief, have the right to accept or reject my application.

Signature of Applicant

Date

Fire Chief _____ Date

Asst. Fire Chief _____ Date

Fire Captain _____ Date

President, Trustee _____ Date

Vice President, Trustee _____ Date

Trustee At Large _____ Date

Fire Chief Shaun Allen
sallentffd@yahoo.com

Asst. Chief Chris Benson
c_benson89@yahoo.com

Fire Captain Kenny Bare
kl_b2006@yahoo.com