

Twin Township Volunteer Fire
11521 US RT 50 P.O. Box 577
Bourneville, Ohio 45617
740.637.9463
martyjohnsonttfd@gmail.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 #: _____

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: _____

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 on 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 can not complete my training. In that case, the Twin Township Trustees, on the advice of the Fire Chief that they have the right to accept or reject my application.

Signature of Applicant

Date

Fire Chief Date

Asst. Fire Chief Date

Fire / Squad Capt. Date

President of Trustees Date

Vice President Trustee Date

Trustee Date

Fire Chief Marty Johnson
martyjohnsonttfd@gmail.com

Asst. Chief Adam Ball
agball81@icloud.com

Fire Captain Shaun Allen
shaunallen1982@yahoo.com

Squad Captain Melissa Weaver
melweaver21@hotmail.com