

**STACY-LENT
VOLUNTEER
FIRE DEPARTMENT**

Application for Membership

Personal Information

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

Address: _____
(Street and number) (City) (State)

Social Security Number _____

Home Phone: _____ Work Phone: _____

Name of Spouse - If Married _____

Do You Currently Have a Valid Minnesota Driver's License _____

Do You Have Any Special Classifications _____

Have You Had Specialized Medical Training or Certification - If so, when _____

(CPR, EMT, Nursing, MD, etc.)

Have You Had Any Formal Fire Training - If so, when _____

(please comment)

Have You Previously Applied for Membership in the Stacy-Lent Volunteer Fire Department?

(please comment)

This Section Not Required

Birth Date _____ **Height** _____ **Weight** _____

Do You Wear Glasses/Contacts ? _____

Physical Defects _____
(please comment)

Personal References

List three individuals (not family members) who have known you for at least 2 years.

1) _____
 (name)

 (address) (phone number)

2) _____
 (name)

 (address) (phone number)

3) _____
 (name)

 (address) (phone number)

Explain Why You Would Like to Join the Stacy-Lent Fire Department:

Applicant's Signature _____

Date _____

Thank you for your interest in the Stacy-Lent Volunteer Fire Department. Our primary mission of the Stacy-Lent Volunteer Fire Department is to be prepared to respond quickly to requests for fire, emergency medical care, search and rescue, traffic control, etc.

This application is the first step in our membership process. We require completion of this application for membership consideration.

We appreciate your applying for membership and your interest in the Stacy-Lent Volunteer Fire Department.