MATHIAS-BAKER

VOLUNTEER FIRE COMPANY

ADDRESS: PO BOX 59
MATHIAS, WV 26812
EMAIL:mbvfd@hardynet.com

PHONE: (304) 897-5586
FAX: (304) 897-7468
LIKE US ON: Facebook!

Application for Membership,v04/21

Full Name:	Date of Birth:
Address:	Phone #:
City State Zip Code:	Social Security #:
Drivers License #: Expiration Date:	Email:

Type of Membership: ○ Firefighter ○ Support ○ Junior ○ Previous Member Reapplying
Training/Certifications:
Previous Emergency Service Experience:
Prior Law Convictions:
Outstanding Warrants:
Driving Infractions in the last 3 years:
Do you agree to a criminal background check?: ○ Yes ○ No
How did you hear about us?: ○ Internet ○ News Paper ○ Referred by:_____
Employer: Employer Phone #:

Please Provide 3 non-family personal references:

Name:	Phone:	Email:	Years Known:

By signing this application I affirm that all of this information is correct to the best of my abilities and commit no purgery. I understand that by checking "yes" to agree to a background check that my information will be used to perform a criminal background check to insure that I am in good standing with the Law and have no outstanding warrants or prior convictions. I understand that submission of an application is not a guarantee of right of membership and that I must be tabled for 30 days after the reading of my application and then voted on by the membership of the Mathias-Baker Volunteer Fire Company.

Signature:_____ Date:_____

==========Office Use Only==========

Received by:	**Received Date:**	**Read at Meeting Date:**
Background Complete:	**Voted on Date:**	**Resolution:** ○ Accepted ○ Rejected