

24. List two personal references.

1. _____ Phone _____

2. _____ Phone _____

25. Do you realize that the Lake Dalecarlia Volunteer Fire Department is not a "Social Club" and that as a member you will be required to give freely of your time to attend fires, meetings, drills, emergency calls, and to perform public services? Yes _____ No _____

26. Spouse's consent _____

(Spouse's signature)

I declare that this application presents to the best of my knowledge an accurate statement of facts, and I have no objection to the Lake Dalecarlia Volunteer Fire Department conducting such investigation of these facts as it may deem necessary.

On becoming a member in the Department, I will abide by the By-laws of the Lake Dalecarlia Volunteer Fire Department.

Signed _____

Date _____

FOR DEPARTMENT USE ONLY

Investigating Officer _____ Date _____

Date of Probationary Status _____

Date of Permanent Status _____

Comments:





Lake Dalecarlia Volunteer Fire Department

6000 Main Street

LOWELL, INDIANA 46356

FIRE PHONE 696-012
BUS. PHONE 696-887

APPLICATION FOR MEMBERSHIP

1. Name _____
2. Date _____
3. Address _____
4. S.S. Number _____
5. City or Town _____
6. State _____ Zip _____
7. How long resided? (Years) _____
8. Rent _____ Own _____
9. Distance from Station _____
10. Home phone _____
11. In case of emergency Work phone _____
notify _____ Emergency phone _____
12. Previous address (5 years) _____

13. Date of birth _____
14. Married? Yes _____ No _____
15. Do you have any physical impairments or disabilities? Yes _____ No _____
16. Have you had any major illnesses? Yes _____ No _____
17. Employer _____
18. Occupation _____
19. Shift worked? Days _____ Afternoons _____ Nights _____ Swing _____
Straight _____
20. How long at present job _____
21. Do you own a motor vehicle? _____
22. D.L. Number _____ State _____ Type _____
23. List any previous fire fighting experience. _____

