

Norlina Volunteer Fire Department

Membership Application

Name: _____ Age: _____

Address: _____

Phone Number: _____ E-Mail Address _____

Circle your current level of education:

Enrolled in High School / High School Graduate / GED Certificate

Do you currently have a Drivers License? Yes / No

If yes, what is your driver license number and State of Issue? _____

Have you been convicted of any misdemeanor or felony crimes? Yes / No

If yes, explain _____

Do you have any disabilities that would prohibit you from performing the normal duties of a firefighter? Yes / No

If Yes, explain _____

Do you have any previous or current medical conditions? Yes / No

If yes, explain _____

****Potential members of the Norlina Vol. Fire Dept. are subject to background and driving record checks. Upon signing your name on the line below, you are giving the Fire Chief permission to conduct these checks and confirming that all information given above is correct.**

Printed Name: _____ Date: _____

Applicant Signature: _____ Date: _____