

Belle Valley Volunteer Fire Department Membership Card

Belle Valley, Ohio

Date of Application:

Given Name:

New Member Returning Member

Address:

Phone Number:

Date of Birth:

Age:

Weight:

Driver License #:

OR

S.S.N

Height:

Hair Color:

Eye Color:

I understand that by joining the Belle Valley Volunteer Fire Department, I do this of my own free will, and understand all that is expected of me as a Volunteer Fireman. I must be available if at all possible for any emergency that may arise. I pledge myself to the good of the people and property of this community and surrounding areas in which I am called to. I understand that I am to attend at least two thirds (2/3) of all meeting and training classes in each year.

By making this pledge I WILL FULFILL ALL THESE OBLIGATIONS AND DUTIES TO THE BEST OF MY ABILITY.

Approved by:

Chief

Signature:

Member

Optional Info:

- Employed Full-Time
- Employed Part-Time
- No Employed
- Student

Work Schedule:

Boot Size:

Work Location:

Pant Size: