

# Franklin-Bingham Fire Department Membership Application

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## PERSONAL

Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) City, State, ZIP \_\_\_\_\_  
Height \_\_\_' \_\_\_" Weight \_\_\_\_\_ lbs Residence Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Social Security # \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Pager/Mobile Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Driver's License # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ Type \_\_\_\_\_

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## TRAINING

Firefighter Training level: EMS Licensure: Expiration: \_\_\_\_\_  
FF I MFR EMT-B  
Fire Officer I EMT-S EMT-A  
None Other \_\_\_\_\_ None Other \_\_\_\_\_  
HazMat level: Date: \_\_\_\_\_ CPR Level \_\_\_\_\_ Exp. \_\_\_\_\_  
Awareness Operations  
Tech Specialist  
ICS: Yes No Driver Training: Yes No  
Other \_\_\_\_\_

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## APPLICANT AGREEMENT

I hereby apply for enrollment as a volunteer in the Franklin-Bingham Fire Department and agree to respond to all calls by siren, pager or other notification, and to attend all scheduled meetings, except as illness, business out of the area, or other urgent matters beyond my control may demand.

I understand that the bulk of my time on the department will be devoted to fire station and equipment maintenance, response training and related work, and that actual firefighting will involve only a small part of such time.

I agree to abide by that portion of the by-laws which require my automatic release from the department upon unexcused failure to attend the majority of scheduled meetings during the first six months (probationary) period of my enrollment, or during any twelve month period thereafter.

I agree to, upon release from the Franklin-Bingham Fire Department for any reason, to relinquish promptly to the personnel officer of the department all equipment or insignia issued to me as a member of said department.

I understand that it is my responsibility to give reasonable care to said issued equipment. I understand that the equipment issued to me is the property of Franklin-Bingham Fire Department and failure to return same will make me financially liable for its replacement costs.

Signature \_\_\_\_\_ Date \_\_\_\_\_