

WILKINS TWP. #3 VFC
Membership Application

Name _____ Active _____ Associate _____

Address _____

Phone Numbers Home _____ Work _____

DOB _____ Age _____

Spouse _____

Firefighting Experience _____

Social Security # _____ Drivers License # _____

Medical Problems Yes _____ No _____

If yes explain _____

Any criminal history Yes _____ No _____

If yes
explain _____

NOTICE: A background check will be performed on all applicants.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000. I also understand that as a condition of membership I authorize Wilkins Twp. VFC #3 to perform a criminal and driver record background check.

Signature: _____ Date: _____
