

Application for Membership

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Shell Road Volunteer Fire Department
1218 Wade Patrick Road
Brandon, MS 39042
(601) 759-1006

Please print all information

Name: _____
First Middle Last

Driver License #: _____ SS# (Last 4 Only): _____

Address: _____
Number Street City State Zipcode

Phone: _____
Home Cell Work/Business

Date of Birth: _____ Current Age*: _____

**If you are under the age of 18, please complete the Junior Firefighter Addendum in addition to this application*

Emergency Contact: _____
Name Relation

Phone (Day) Phone (Night)

I will attend regular FD meetings/training: ☐ Yes ☐ No* **If no, please explain*

I am available for response: ☐ Weekdays ☐ Weeknights ☐ Weekends

Please list any medical conditions, past or present (high blood pressure, diabetes, allergies, etc.): _____

Have you ever been a member of another fire department? ☐ Yes* ☐ No **If yes, please list department name and length of service*

Department Name Service Time

Have you had any previous training or skills that pertain to firefighting, rescue, or medical treatment? ☐ Yes* ☐ No **If yes, please attach list to this form*

Have you ever been arrested? ☐ Yes* ☐ No **If yes, please explain why on separate paper and attach to this form*

I understand that I will serve a six-month probationary period and if I fail to show interest, respond to calls, attend meetings, or complete required training, I will not be accepted as an active member.

Signature: _____ Date: _____