

Greenland Volunteer Fire Department Application for Membership

www.GreenlandFire.org

E-mail: GVFD21@yahoo.com

Name: _____

DOB: _____

Address: _____

Soc. Sec. #: _____

Home Phone: _____

Volunteer Interest:

To volunteer, you must be at least 18 years old and a New Hampshire resident residing in Greenland or an abutting town.

Firefighter Only _____

EMT Only _____

Firefighter/EMT _____

Dispatcher _____

Support Group _____

Employers:

Please list your employers for the past five years.

Company Name

Address

Phone Number

Experience and Education:

Name and Address of School

Year Graduated

High School: _____

College: _____

Please attach copies of all fire and/or EMT certifications, cards and licenses.

Fire and/or EMT Experience:

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

I understand that as an active member of the Greenland Volunteer Fire Department I will be required to attend emergencies, drills, training, meetings and work details as well as follow the by-laws of the department.

By signing and submitting this application I attest that all statements above are true and authorize the Greenland Volunteer Fire Chief and/or their agents to verify. I give authorization for a motor vehicle and criminal background check to be performed, and any other background review deemed necessary.

Applicants signature: _____ Date: _____

To submit an application please include:

- Signed application for membership
- Completed physical report
- Photocopy of your driver’s license
- If applicable, copies of fire and/or EMT certifications, cards and licenses

Mail your application, or drop it off at the department on the second Tuesday of each month during our meeting at 7:00 pm.

Greenland Volunteer Fire Department – Chief
575 Portsmouth Avenue
Greenland NH 03840
Questions? E-mail GVFD21@yahoo.com

Physical Report

Name of Applicant: _____

Social Security #: _____ Date of Birth: _____

The following medical information must be provided and signed by a medical doctor.

Height: _____ Weight: _____

Vision: Left eye: _____ Right eye: _____

Both eyes: _____ Corrected: _____

Blood Pressure: ____/____ Pulse: _____ Hearing: _____

General Physical Condition:

Heart: _____

Lungs: _____

Hernia: _____

Physical Defects:

Relevant History: _____

I have examined _____ and find him/her physically fit for performing the duties of a firefighter/EMT Responder.

Signed: _____

Name: _____

Address: _____

Phone: _____