

Navassa Volunteer Fire Department Membership Application

PERSONAL INFORMATION

- (1) NAME: LAST _____ FIRST _____ MIDDLE _____
- (2) ADDRESS: _____
- (3) CITY: _____ STATE: _____ ZIP: _____
- (4) SOCIAL SECURITY NUMBER _____ - _____ - _____
- (5) DATE OF BIRTH _____
- (6) TELEPHONE NUMBERS: HOME _____ WORK _____
- (7) DO YOU HAVE A VALID NORTH CAROLINA LICENSE ? YES ___ NO ___
IF YES INDICATE LICENSE NUMBER AND CLASS : _____ CLASS _____
- (8) ARE YOU CURRENTLY A NORTH CAROLINA STATE CERTIFIED
FIREFIGHTER? YES ___ NO ___ IF YES HOW LONG ? _____
- (9) DO YOU HAVE FIREFIGHTING EXPERIENCE? YES ___ NO ___
- (10) ARE YOU A CERTIFIED FIRST RESPONDER, EMT, OR PARAMEDIC?
YES ___ NO ___
- (11) HAVE YOU EVERY BEEN CONVICTED OF A FELONY? YES ___ NO ___
- (12) ARE YOU A REGISTERED SEX OFFENDER? YES ___ NO ___

FAMILY INFORMATION

- (13) ARE YOU MARRIED? YES ___ NO ___
- (14) SPOUSES NAME: _____ YEAR MARRIED: _____
- (15) BENEFICIARY:1ST: _____
ADDRESS _____
BENEFICIARY:2ND _____
ADDRESS _____
- (16) DEPENDENTS: NAME: _____ DOB: _____
NAME: _____ DOB: _____
NAME: _____ DOB: _____
- (17) PERSON TO CONTACT IN CASE OF EMERGENCY:
NAME: _____ TELEPHONE NUMBER: _____
ADDRESS: _____

MEDICAL INFORMATION

- (18) DO YOU HAVE ANY BACK PROBLEMS? YES ___ NO ___
- (19) DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES ___ NO ___
- (20) DO YOU HAVE ANY EYE PROBLEMS? YES ___ NO ___
- (21) DO YOU HAVE ANY HEARING PROBLEMS? YES ___ NO ___
- (22) AREA YOU UNABLE TO BE IN CONFINED AREAS? YES ___ NO ___
- (23) DO YOU HAVE ANY PHYSICAL OR MENTAL PROBLEMS THAT MAY LIMIT YOU AS A
FIREFIGHTER? YES ___ NO ___ IF YOU ANSWERED YES TO QUESTIONS 16-21 PLEASE EXPLAIN ON THE BACK
SIDE OF THIS APPLICATION.

DEPARTMENT USE ONLY

- DATE OF APPLICATION: _____
- MEMBERSHIP APPROVAL YES ___ NO ___
- DATE OF MEMBERSHIP: _____
- REASON FOR MEMBERSHIP
DENIAL _____