

M.P. RICE HOSE COMPANY № 2
MEMBERSHIP APPLICATION

Name: _____
 First Middle Last Suffix

Date of Birth: _____ Driver's License: _____
 MM / DD / YYYY Number Type State

Gender: _____ Social Security Number: _____

Address: _____
 # Street apartment/unit #

 Town State Zip Code

Contact: _____
 Home phone Cell phone Work phone E-mail

Emergency Contact: _____
 Name Relationship

Address: _____
 # Street Town Phone

Have you ever been convicted of a felony or a misdemeanor? If yes, please explain: _____

Are you now or have you ever been a member of any other Fire Department, Ambulance Service or the like?
_____. If yes, please explain: _____
 Where?

 When? How long? Standing?

Do you hold any Fire Service / EMS certifications / licenses? If so, please list with details – agencies & dates:

Parental / legal guardian approval and consent if applicant is less than eighteen (18) years of age:

I, _____, permit _____,
 Parent or legal guardian Applicant

to join M.P. Rice Hose Company 2 of the Branford Fire Department and I am fully aware of the inherent dangers and hazards associated with FIREFIGHTING.

 Signature of parent or legal guardian date

Applicant's testament:

I, _____, certify that all information provided is true and correct
 Applicant

to the best of my knowledge and that I am fully aware of the inherent dangers and hazards associated with being a FIREFIGHTER and with FIREFIGHTING.

 Signature of applicant date