



ST. JOHN VOLUNTEER FIRE DEPARTMENT

11033 W. 93rd Ave.
St. John, IN 46373-9701

"Founded May, 1910"

Office: (219) 365-6034
Fax: (219) 558-2080

YOU MUST BE 20 YEARS OF AGE AND LIVE WITHIN THE FIRE PROTECTION AREA OF THE ST. JOHN VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Address: _____ Town: _____

Length at address: _____ Home phone: _____

Cell phone: _____ Email: _____

Previous address: _____

Length at address: _____

Social security #: _____ Date of Birth: _____

Driver's license #: _____ Exp.: _____ Marital Status: _____

Have you ever been convicted of a felony? _____

Any physical impairment: _____

Level of education: _____

Current employer: _____

Employer's address: _____

Phone number: _____

Job title: _____ Length at job: _____

Days worked: _____ Hours of work: _____

Previous employer: _____

Address and phone number: _____

Job title: _____ Length at job: _____

Previous fire department or EMS affiliation: _____

If yes, date and location: _____

Certifications: _____

Professional reference name: _____

Contact information: _____

Reason for joining the fire department: _____

***By signing below I am verifying that I have answered all questions above honestly and of my own free will. My signature also indicates my consent to a local police background check and BMV check.*

X _____

Interviewed by: _____

Interview date: _____

Recommendation: _____