

Cicero Township Volunteer Fire Department



Membership Application



Please fill out completely with appropriate materials included.



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Membership Application



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Applicant Information

Full Name: Last First M.I. Birth Date: / / Age:

Address: Street Address Apartment/Unit # City State ZIP Code

Home Phone: () - /Cell Phone: () - E-mail Address:

Gender: Height: Weight:

If Rent, Landlord Name: Landlord Phone Number: () -

Have you ever been a member here? YES NO If yes, when?
Have you ever been convicted of a crime? YES NO If so, explain:
Do you have a valid driver's license? YES NO If no, explain:

Are you subject to: (if yes, explain)

Epilepsy:
Fainting:
Dizziness:
Hypertension:
Diabetes:
Claustrophobia:
Acrophobia:
Any breathing disorders:
Other:

Classification Applying for: (check all that apply):

Firefighter First Responder EMT Medic

Availability: (please state approximate time)

Day Afternoon Night All

In Case of Emergency, Please notify:

1.)
2.)

