



SHEFFIELD TOWNSHIP VOLUNTEER FIREFIGHTERS ASSOC., INC.
P.O. BOX 564, DAYTON, IN 47941 Telephone (765) 296-3955

APPLICATION FOR ACTIVE MEMBERSHIP IN SHEFFIELD JUNIOR FIREFIGHTER.

DATE / /
~~SSN~~ _____
PHONE # _____

PERSONAL INFORMATION
(PLEASE PRINT OR TYPE)

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____

DATE OF BIRTH _____

1. HOW LONG HAVE YOU BEEN A RESIDENT OF INDIANA? _____
2. HOW LONG HAVE YOU BEEN A RESIDENT OF SHEFFIELD TOWNSHIP? _____
3. ARE YOU INTERESTED IN FIRE RESCUE BOTH
4. HAVE YOU HAD ANY TRAINING THAT MAY BE RELATED TO THIS DEPARTMENT? (YES) (NO)
5. NEED TO BE APPROVED BY THREE (3) MEMBERS OF THIS DEPT.
(1) _____ (2) _____ (3) _____

6. AS A DULY LICENSED PHYSICIAN IN THE STATE OF INDIANA, I HAVE PERSONALLY EXAMIED _____ AND OBSERVED NO EVIDENCE OR EVIDENCE OF PHYSICAL DEFECT OR INFIRMITY OF BODY OR MIND WHICH MIGHT RENDER SAID PERSON UNFIT FOR FULL MEMBERSHIP AND ACTIVITY.

(SIGNED) _____ (DATE SIGNED) _____

(ADDRESS) _____

****MISREPRESENTATION OF THE INFORMATION CAPTAINED HEREIN, FAILURE TO COMPLY AND MAINTAIN COMPLIANCE WITH, AND/OR

VIOLATION OF ANY PROVISIONS, STANDARDS, OR REQUIREMENTS MAY BE CAUSE FOR SUSPENSION OR REVOCATION OF MEMBERSHIP.

____/____/____
(DATE SIGNED)

(SIGNATURE OF APPLICANT)

I _____ DO HERE BY GIVE MY PERMISSION FOR _____ TO BECOME A MEMBER OF THE S.J.F.F. PROGRAM. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST THAT THE ABOVE BE WITHDRAWN FROM MEMBERSHIP IN S.J.F.F. AT MY WRITTEN REQUEST OF SUCH.

SIGNATURE OF PARENT (S) OR LEGAL GUARDIAN.

DATE OF SIGNATURE.

*****DEPARTMENT USE ONLY

- 1. INITIAL APPLICATION. ACCEPTED DENIED
- 2. PROBATION PERIOD APPROVED. 1) _____

SHEFFIELD TOWNSHIP TRUSTEE DATE SIGNED

2) _____

SHEFFIELD TOWNSHIP PRESIDENT DATE SIGNED

- 3. FINAL ACCEPTANCE DATE _____

1) _____

SHEFFIELD TOWNSHIP TRUSTEE

2) _____

SHEFFIELD TOWNSHIP PRESIDENT

Chief