



Why do you want to join Laurel Grove Vol. Fire-Rescue Inc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby submit this application for membership in the Laurel Grove Vol. Fire-Rescue Inc., which is dedicated to saving life and property. It is understood that if I am accepted, I shall be required to abide by all rules and regulations as set forth by the By-Laws of the Department and the Standard Operating Guidelines or be subject to dismissal. It is further understood that I am to participate in all departmental activities, such as Fire/EMS calls, meetings, training sessions and fund-raisers **UNLESS EXCUSED BY AN OFFICER.** I further state that I have studied the Constitution and By-Laws of the Department and the Standard Operating Guidelines and agree to abide by them if elected into the membership of the Laurel Grove Vol. Fire-Rescue Inc.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: If applying as a Junior Member, this application must be accompanied by a signed letter from your parents granting permission to become a junior member of Laurel Grove Vol. Fire-Rescue Inc.**

**References** \*References can not be related to applicant\*

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
3. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

This application must be completed and returned with a copy of your driving record from the DMV within 60 days of being issued. DMV will give free copies of driving records to volunteer Fire/EMS personnel. Be sure to tell them it's for a volunteer fire department. In case there are no openings, your application will be filed until such time it can be processed.

**Personal Information Authorization**

I, \_\_\_\_\_ hereby authorize Laurel Grove Vol. Fire-Rescue Inc. to obtain any and/or all information available on me from employers and personal references.

I hereby waive all privacy rights that I have from the mentioned individuals or organizations and relinquish these rights to Laurel Grove Vol. Fire-Rescue Inc.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Committee Remarks:**