



Wayne Volunteer Fire Department  
200 N Center St  
Wayne, OH 43466-0337

Application for Membership

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
          First                  Middle                  Last

Address: \_\_\_\_\_  
                  Street  City                                  State                  Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
                  Month    Day    Year

High School Graduation Date/GED: \_\_\_\_\_

References:

1. \_\_\_\_\_  
      Name                  Address                  City                  State                  Phone
2. \_\_\_\_\_  
      Name                  Address                  City                  State                  Phone
3. \_\_\_\_\_  
      Name                  Address                  City                  State                  Phone

Physician Name and Phone: \_\_\_\_\_

Last Physical Exam: \_\_\_\_\_  
                          Month    Day    Year

Allergies: \_\_\_\_\_

Health Problems: \_\_\_\_\_

Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Statement of Intent:                   (Please read carefully)

By signing this application, I agree to and understand the following conditions:

1. I hereby authorize the Wayne Volunteer Fire Department to obtain a criminal background check on me from a local law enforcement agency. This includes a driving record check for insurability purposes.
2. I agree to serve a one year probationary period, with regular quarterly evaluations.
3. I agree to have a physical exam at my expense within the first six months of my probationary period. The physician should provide a statement of fitness for duty in the fire service, which I will provide to the department.
4. I understand that the Wayne Volunteer Fire Department is a professional organization which requires much specialized training and instruction. I agree to obtain my Ohio Volunteer Firefighter Certification within one year of joining the department. I will also do my best to attend department training activities, regular truck check nights, business meetings, and fundraising events. I will strive to maintain the department's positive public image in all activities.
5. I will learn department policies, rules and guidelines, and will follow them. I will follow the direction of department officers and senior members, as their instructions may prevent my injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Begin Probation: \_\_\_\_\_ End Probation: \_\_\_\_\_