

**APPLICATION FOR MEMBERSHIP
SUGAR CREEK TOWNSHIP FIRE PROTECTION DISTRICT
TRENTON, ILLINOIS**

Name _____ Phone _____

Address _____ Lived There How Long? _____

Date of birth _____ Height _____ Weight _____

Married? _____ Single? _____ No. of Dependents _____

Occupation _____

Name of Employer _____ How Long? _____

Working Hours _____ Day or Night? _____

Working Days Per Week _____

Health Condition _____

Physical Defects if Any? _____

Can You Climb a Ladder? _____

Can You Drive a Truck? _____ Any Previous Experience? _____

Are You Willing to Work as a Volunteer? _____

Will You Take Orders From the Chief/Assistant Chief, or Whoever is in Charge? _____

Will You Attend Meetings? _____ Will You Attend Training/Practices? _____

Will Your Employer Permit You to Leave Work to Attend a Fire Call? _____

Will You Help the Department in Activities (Other Than Fighting Fires) When Called on by the Chief or Assistant Chief? _____

Remarks _____

Sign Here _____ Date _____

Drivers License No. _____ Class _____

Social Security No. _____

Signed By Committee

