

**WATERFORD TOWNSHIP FIRE DEPARTMENT
VOLUNTEER MEMBERSHIP APPLICATION**

Fiscal and Human Resources
5200 Civic Center Drive
Waterford, Michigan 48329

Name: _____

Address: _____ City _____ Zip _____

Phone # _____ Drivers License # _____

Emergency, Contact _____ Phone # _____

Have you resided in Waterford Twp. Longer than one year _____ Yes _____ No

What hours will you be available to respond on runs? _____

Employer: _____ Telephone # _____

Address: _____

Does your employer object to you joining the Fire Department? _____ Yes _____ No

Education Completed: _____ High School _____ Years of College

Technical Training: _____

Military Branch _____ Rank _____ Discharge _____

List 3 character references (Please do not use family members):

1. _____ Telephone # _____

2. _____ Telephone # _____

3. _____ Telephone # _____

I certify that the above information is true and accurate to the best of my knowledge. I also understand that a check will be made of my driving record and my military and criminal records if needed.

Signed: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish The Charter Township of Waterford, with any and all information they may request concerning my work record, educational record, military record, criminal record, driving record, financial status, general reputation and past and present medical condition, including any x-rays, blood tests and drug screens.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used to determine my eligibility as a volunteer fire fighter.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications to serve as a volunteer fire fighter.

Volunteer Applicant's Signature

Date

Signature of Witness

Date

(PLEASE PRINT)

Full Name (as it appears on driver's license)

Date of Birth

Address

Social Security Number

City and State

Zip

Drivers License Number