

**APPLICATION FOR MEMBERSHIP
PEPIN FIRE DEPARTMENT**

Name: _____ Date: _____

Address: _____

Social Security Number: _____

Drivers License Number: _____

Do you have drivers license conviction or have one pending?

Yes _____ No _____ Explain: _____

Do you hold a current CPR, EMT, or firefighter certification?

Yes _____ No _____ Which one(s): _____

Certification number: _____

Does your employer approve of you being a member? Yes _____ No _____

and are you able to leave work to answer calls? Yes _____ No _____

Give a brief reason why you would like to become a member of the Pepin Fire Department: _____

Note: A 60 hour class is required to be a member of the fire department.

All members are required to attend all meetings and practices.

Members must live in the Village limits or reasonable area decided on by the officers of department.

I have read and understand all questions and have answered them to the best of my ability.

Signature: _____

Phone #