

Long Lake Volunteer Fire Department

Florence County
3343 State Highway 139
Long Lake, WI 54542

Application for Membership

NAME:	
ADDRESS:	
DATE OF BIRTH:	AGE:
SS #:	PHONE #:
DRIVERS LIC #:	DRIVERS LIC STATE:
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE #:	
LIST ANY PHYSICAL RESTRICTIONS:	
PROVIDE HISTORY OF FIRE TRAINING COURSES COMPLETED:	

I HAVE BEEN GIVEN AND HAVE READ THE BY-LAWS OF THE DEPARTMENT. BY SIGNING THIS APPLICATION, I AGREE TO ABIDE BY THEM AND UNDERSTAND MAY BE TERMINATED FROM THE DEPARTMENT SHOULD I NOT FOLLOW THE BY-LAWS OR KNOWINGLY PUT OTHERS ON THE DEPARTMENT IN PERSONAL DANGER. I ALSO AGREE TO ACHIEVE MINIMUM TRAINING REQUIREMENTS BY THE DEPARTMENT AND STATE OF WISCONSIN BY ATTENDING TRAINING THAT IS ESTABLISHED WITHIN ONE YEAR OF SIGNING THIS APPLICATION FOR MEMBERSHIP.

SIGNATURE:_____ DATE:_____

Membership Acceptance

DATE JOINED DEPARTMENT:	POSITION HELD*:
ASSIGNED RADIO #:	ASSIGNED DEPARTMENT #:

Turn out gear assignment:

ITEM	RECEIVED (X)	ITEM	RECEIVED (X)
HELMET		I.D. BADGE	
HOOD		RADIO (AND #)	
GLOVES		PAGER (AND #)	
JACKET		FLASHLIGHT	
PANTS		BOOTS	

I HAVE BEEN ISSUED THE ABOVE GEAR AS INDICATED BY AN "X" IN THE BOX AND UNDERSTAND THAT WHEN MY FIRE DEPARTMENT ASSOCIATION IS NO LONGER ACTIVE THROUGH DISMISSAL, RESIGNATION, OR RETIREMENT, THAT I WILL RETURN ALL GEAR TO THE FIRE DEPARTMENT WITHIN 30 DAYS OF NOTED INACTIVITY. IF ANY GEAR IS NOT RETURNED, I WILL REIMBURSE THE DEPARTMENT MONETARILY FOR THE VALUE OF THE UNRETURNED GEAR.

SIGNATURE INDICATES AGREEMENT AND UNDERSTANDING OF GEAR ASSIGNMENT POLICY:

SIGNATURE:_____

DATE:_____

*** - "Positions Held" can include:**

- driver/pumper
- firefighter (include rank if so)
- officer (include rank if so)
- facilities/equipment support
- traffic control
- auxiliary/scene support