

**Castleton Volunteer Fire Department**  
**Castleton, VT 05735**

**Application for Membership**

NAME \_\_\_\_\_  
(Please print clearly or type name)

ADDRESS \_\_\_\_\_  
(Complete address - include PO Box Number/Street Address/Town/State/Zip Code)

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Type of Membership applying for: Active \_\_\_\_\_ Call \_\_\_\_\_

**STATEMENT:** The above information is true and accurate. In addition, I do not knowingly suffer from certain medical problems such as emphysema, epilepsy, heart disease or similar conditions which may pose a threat to the life and safety of the applicant. If I do suffer from any of the above conditions, this application is accompanied by a favorable statement from a physician.

I do have the following medical condition(s): (list all medical conditions)

\_\_\_\_\_  
\_\_\_\_\_

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

Candidates for active membership who are between the ages of 16 and 19 years of age must have parental consent:

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*\*

Date \_\_\_\_\_ Relationship \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date of First Reading \_\_\_\_\_

Date of Second Reading \_\_\_\_\_

Date Bylaws Signed and Copy Supplied \_\_\_\_\_

Date of Resignation \_\_\_\_\_

