

**All information on and associated with this application WILL be presented to the body of North Scituate Fire Department during the monthly meeting you will be voted on*



North Scituate Fire Department No. 1

201 Danielson Pike PO Box 357 North Scituate, RI 02857

Business Phone: (401)647-9298

Membership Application

\$10 Processing Fee

Name: _____ Maiden Name: _____ Date Of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Have you ever been a member of a Fire Department, Rescue Squad or similar organization? Yes No

If yes, please specify the following information about the organization:

Name: _____ Address: _____

Date of Service: _____ Position(s) Held: _____

Reason For Leaving: _____

Are you a Licensed RI EMT? Yes No License#: _____ Level: _____ Expires: _____

Are You CPR Certified? Yes No Level: _____ Expires: _____

Are You AED Certified? Yes No Expires: _____

Level of Hazmat Training: Awareness Operations Technician None

CDL License? Yes No Level: _____

Please list all other training/certifications that you have completed: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

A current copy of your BCI must be attached to this application in order to be considered for membership.

Signature of Applicant: _____ Date: _____

Presented By: _____

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Professional References

| Name | Company | Phone# (Please specify office, cell, etc.) | Relationship |
|------|---------|---|--------------|
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FOR OFFICIAL USE ONLY

Date Received: _____

Received By: _____

Membership fee received: Yes No

Paid by: Check Cash

Date Interviewed: _____

Interviewed By: _____

Membership Type: Associate Active

Recommendation: _____

Date Presented: _____

Date Voted on: _____

Vote: Approved Rejected

Date Applicant Notified: _____

Notified by: _____