



Brother First, Duty Always

8400 SAINT WENDEL RD
EVANSVILLE, IN 47720
VOICE 812-963-9077
EMAIL GERMANFDHQ@INSIGHTBB.COM

MEMBERSHIP APPLICATION

Personal Information

PLEASE PRINT or TYPE

Name		Address, city,state,zip	
Phone	Cell: _____ Home: _____ Cell carrier name: _____	Spouse/ Parent Name	
Email		Social Network Sites	

Occupation

Employer		Employer Address	
Phone		Supervisor Name	

How Long Employed?		Work Shift	
--------------------	--	------------	--

References

Name		Telephone	
Name		Telephone	
Name		Telephone	

Have you ever been convicted of a felony?		Yes		No
Volunteer firefighters are expected to be able to stop and respond to call at all hours of the day and evening. Are you willing to do that?				
Do you know any current members of the department?				
Whom?				

The department is offering you an opportunity to become a volunteer by signing this application.

Signature		Date Signed	
-----------	--	-------------	--

Please provide the following information so that your membership can be processed.

Will you grant the us authority to request a police background check?		Yes		No
---	--	-----	--	----

Social Security Number	Drivers License Number	Date of Birth

This application can be completed and emailed to germanfdhq@insightbb.com
You can drop the application in the mail to the address listed at the top of the application.
You may also drop the application off at Fire Department Headquarters Monday – Friday
between the hours of 8am and 5pm.