

VOLUNTEER FIRE DEPARTMENT  
KETTLE FALLS, WASHINGTON  
APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_ How long? \_\_\_\_\_

OCCUPATION \_\_\_\_\_ How long so engaged? \_\_\_\_\_

FAMILY HISTORY

Relation	If Living		If Dead	
	Age	Health	Age	Cause
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brothers	_____	_____	_____	_____
Sisters	_____	_____	_____	_____
Wife	_____	_____	_____	_____

Is there any history of tuberculosis, kidney disease, epilepsy, insanity or paralysis in your family? \_\_\_\_\_

Are you now in good health? \_\_\_\_\_

What illnesses have you ever had? \_\_\_\_\_

Were you ever a patient in a hospital? \_\_\_\_\_ If so, What for? \_\_\_\_\_

Have you ever had heart or kidney disease? \_\_\_\_\_

What accident, injury or operation have you ever had? \_\_\_\_\_

How much tobacco do you use? \_\_\_\_\_ Alcoholic Drink? \_\_\_\_\_

*I HEREBY CERTIFY to the truth of the above answers. I am in good health , to the best of my knowledge and belief.*

Witness \_\_\_\_\_ Applicant \_\_\_\_\_

**KETTLE FALLS VOLUNTEER FIRE DEPARTMENT**  
**APPLICATION FOR MEMBERSHIP**

We are an equal opportunity organization, dedicated to a policy of non-discrimination in membership on any basis including race, creed, color, age, sex, religion or national origin.

**PERSONAL INFORMATION:** DATE \_\_\_\_\_

Name \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Work \_\_\_\_\_

Referred by \_\_\_\_\_

Are you employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

**MILITARY SERVICE:**

Branch \_\_\_\_\_ Length of Service \_\_\_\_\_ to \_\_\_\_\_

Ever applied to this Department before? \_\_\_\_\_ If yes, when \_\_\_\_\_

**EDUCATION:** Name & Location of School Years Grad? Subject

Grammar School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Trade School \_\_\_\_\_

Do You have a Washington State Drivers License? \_\_\_\_\_ # \_\_\_\_\_  
Expiration Date \_\_\_\_\_