

The Bell and Siren Club
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PAGER: _____ BUS. PHONE: _____

E-MAIL ADDRESS: _____

PLACE OF BIRTH: _____ SEX: ___ EYE COLOR: _____ HAIR COLOR: _____

SOC. SEC. #: _____ DRIVER LIC. STATE #: _____

Have you ever been arrested?: _____

If yes, reason:

Do you belong to other volunteer groups that might benefit our organization?:

List any education/experience/talents that might benefit The Bell and Siren Club:

What is your present occupation and general working hours?: _____

What are your reasons for wanting to join The Bell and Siren Club:

List three references that may be contacted

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Signature of applicant: _____ **Date:** _____

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Applicant interviewed by: _____ Date: _____

Remarks:

Date probation began: _____ Date: _____

Badge # issued: _____ Building Key: _____

List any other items issued to member:

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Signed by officer in charge: _____ Date: _____