



Soo Township Volunteer Fire Department  
Application for Membership

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License #: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone #: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Employer: \_\_\_\_\_

Normal Working Hours: \_\_\_\_\_

Year/Make/Model of Vehicle: \_\_\_\_\_

V.I.N. \_\_\_\_\_

Circle

Do you work weekends?

Yes No

Do you agree to complete a physical examination?

Yes No

Do you agree to have your driving record check?

Yes No

Do you agree to have a criminal history check completed?

Yes No

The reason(s) you are applying for membership on the Fire Department?

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

Do you have any impairment's (physical, mental or other) that would prevent you from performing Fire Department duties?

Yes No

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

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby agree that the information provided above is accurate and agree that the Fire Department may verify such information; including conducting background checks, obtaining a copy of my driving record, criminal history and physical examination. I agree to the disclosure of such information to the Fire Department by any agency or person and release any agencies or persons from any liability connected with such disclosure.

I further agree that if accepted for membership on the Fire Department, I will obey all policies and procedures of the Township, the Fire Department and all applicable statutes of the State of Michigan. I understand that membership on the Fire Department is on an at-will basis and may be terminated by the Township for any reason.