

# WALKERTON VOLUNTEER FIRE DEPARTMENT

504 Washington St.  
Walkerton, IN 46574

Date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Place of birth \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_

Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Your Job \_\_\_\_\_

City \_\_\_\_\_

Length of employment \_\_\_\_\_

No. of years at present address \_\_\_\_\_

Places of residence for the past 5 yrs:  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a member of the Walkerton Fire Dept?  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I am accepted for membership in the Walkerton Fire Dept., that I will be expected to attend every alarm with promptness unless it is impossible to do so under the conditions set forth in the Dept. rules.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

I, the undersigned employer of  
\_\_\_\_\_

\_\_\_\_\_ have no objection to his being a member of the Walkerton Fire Dept., and I agree to permit his to answer every alarm that occurs during working hours.

Date: \_\_\_\_\_

Signature of employer \_\_\_\_\_

Report of examining Physician: I find \_\_\_\_\_

Physically fit \_\_\_\_\_ Unfit \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Sponsored by: \_\_\_\_\_