

Argyle Volunteer Fire Department

PO BOX 61
Argyle Florida 32422
Jonathan Day Chief

MEMBERSHIP APPLICATION

ALL INFORMATION IN THIS FILE IS CONFIDENTIAL. NO ONE WILL COME IN CONTACT

WITH THIS INFORMATION OTHER THAN YOU AND CHIEF DAY.

PLEASE FILL OUT IMMEDIATELY, ALL INFORMATION IS SO IMPORTANT!!!

YOU MAY MAIL THE APPLICATION TO:

ARGYLE VOLUNTEER FIRE DEPARTMENT

P O BOX 61

ARGYLE, FLORIDA 32422

OR BRING IT TO THE OFFICE AT STATION #1 TO CHIEF DAY OR

ASSISTANT CHIEF BANKS.

CALL ME OR LEAVE A MESSAGE AT THE OFFICE (892-4702)

OR FAX YOUR APPLICATION TO THE FIRE DEPARTMENT AT (892-4703)

IT IS THAT IMPORTANT!

ANY QUESTIONS PLEASE CALL ME

Argyle Volunteer Fire District

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Very Important

RE: Changes/Personnel file

Please report any changes to your personal file and mail it to:

Chief Day
AVFD
PO Box 61
Argyle Florida 32422

Or call the office at 892-4702; if you do not get an answer please leave a message. If you need a copy made please call or come by the office. Any changes made can be left in the "INBOX" at my desk.

Changes include:

- *Address
- *Phone number
- *Marital status
- * Employment status with phone number
- *Emergency contact with phone number,
- *Driver's license,
- *Any medical reports needed at AVFD
- *Shot record
- *Beneficiary
- *New awards or certificates.



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TO: APPLICANT FOR AVFD
FROM: CHIEF JONATHON DAY

RE: MEMBERSHIP IN ANOTHER VOLUNTEER FIRE DEPARTMENT

I, _____

- a. Am a member of Argyle Volunteer Fire Department YES NO
- b. Would like to become a member of Argyle Volunteer Fire Department -YES NO

Have you ever been a member of another volunteer fire department? -YES NO
If yes, where and when? _____

What was your rank when you left the other department? _____

While applying for membership to the AVFD, I understand that I will go through probationary period with training until released by the Argyle Board of Directors. I understand that more intense medical questions will be asked upon evaluation for acceptance.

Health Status: EXCELLENT GOOD FAIR POOR

The health questions are asked for the safety of you, the applicant.

Signed _____ Date _____

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I, _____ hereby apply for membership into the ARGYE VOLUNTEER FIRE

DEPARTMENT Address _____

Telephone #

Home _____ Work _____ Cell _____ SS# _____

DOB _____ DL# _____ ST _____ Exp Date _____

Position applied for: Firefighter, Support, Junior, Other. Have you even been convicted of a felony or misdemeanor within the past 7 years? YES NO

Will you use and wear the personal protection equipment provided by the AVFD? YES NO

Are you a member of a volunteer fire department at this time? YES NO

Are you of good moral character? YES NO

Will you participate actively in training, fire fighting, cleaning, testing etc. to the best of your ability? YES NO

Do you have any medical problems that will restrict you in performing firefighter functions in a stressful situation? YES NO

THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ PHONE# _____

MEMBERSHIP APPROVED BY: _____ DATE _____