

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 _____

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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 _____

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PHYSICAL EXAMINATION REPORT:

Report of physical examination of _____

An applicant for membership in the **Kettle Falls Washington Volunteer Fire Department/ Fire District #6.**

General appearance _____ Height _____ Weight _____

Pulse: Sitting _____ Standing _____ After exercise _____ 2min. _____

Temperature _____ Blood Pressure _____ Urinalysis _____

Any evidence of disease of head, neck, throat, nose, eye or ear?

Condition of heart _____ Lungs _____ Any hernia _____

Any deformity or condition to lower efficiency? _____

I CERTIFY THAT I have this _____ day of _____, 20____, examined:

and find him/her physically qualified for membership in the
KETTLE FALLS, WASH. VOLUNTEER FIRE DEPARTMENT/FIRE DISTRICT #6.

Department Physician