



# HOWARD TOWNSHIP FIRE DEPARTMENT

2690 Lake Shore Drive Niles, MI 49120

## APPLICATION FOR MEMBERSHIP

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_

How long have you lived in Michigan? \_\_\_\_\_ Howard Township? \_\_\_\_\_

Agree to have my driving record checked? Yes \_\_\_\_\_ No \_\_\_\_\_

Agree to have my criminal history checked? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason(s) for applying for membership to the fire department?

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

Any impairment, (physical, mental or other), that would prevent you from performing fire department duties?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

In case of an emergency, contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby agree that the information provided above is accurate and agree that the fire department may verify such information including conducting background checks and 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 person 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 and SOGs 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.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

