

Antioch Volunteer Fire Department  
5430 Ga Hwy 219  
Fortson, GA 31808 706.576.5559

Application for Membership

Please complete the information below, then Sign Application at the bottom.

Area(s) of Interest

Firefighter      Fire Ground Support      Cadet      Office/Administrative      Board of Directors      Sponsor

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
City      State      Zip

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Do you have any experience in the Fire/Rescue or medical field?      No      Yes

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony?      No      Yes

Year of conviction \_\_\_\_\_ Are you on parole?      No      Yes      If yes, how long? \_\_\_\_\_

**Driving Information**

You will need to provide Antioch VFD with a copy of your driving record from the Georgia Department of Motor Vehicles (DMV).

Do you have a valid driver's license?      No      Yes      State Issued \_\_\_\_\_

**Health Information**

Do you have any physical impairments which would prevent you from performing the duties applied for?      No      Yes

**Availability to Respond**

When would you normally be able to respond to emergency calls?      Day      Evening      Weekend

Other (explain) \_\_\_\_\_

**Emergency Contact Information**

In case of emergency, please notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_  
City St Zip

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Personal References** List three personal references other than relatives not living with you

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

Address \_\_\_\_\_  
City St Zip

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

Address \_\_\_\_\_  
City St Zip

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

Address \_\_\_\_\_  
City St Zip

**Applicants Under 18 Years Of Age - Parent Or Guardian Approval Is Required!**

Parent/Guardian Name \_\_\_\_\_ Best time to contact AM PM Phone \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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***For Internal Use Only***

Application Approved/Disapproved by:

Signature \_\_\_\_\_ Unit # \_\_\_\_\_ Approved Not Approved Date \_\_\_\_\_

Signature \_\_\_\_\_ Unit # \_\_\_\_\_ Approved Not Approved Date \_\_\_\_\_

Signature \_\_\_\_\_ Unit # \_\_\_\_\_ Approved Not Approved Date \_\_\_\_\_

Comments