LAKE DALECARLIA VOLUNTEER FIRE DEPARTMENT
6000 Main Street, Lowell, IN 46356
www.ldfd.org
Bus. Phone 219-696-8876 Email ldvfd1950@gmail.com

Application for Membership

Date_____

Full Name _____

Address_____

Previous Address (If less than 5 years) _____

Email_____ Phone_____

Date Available to start_____

Birth Date_____ Distance from Lake Dale Fire Station_____

Marital Status_____ Spouse Name_____

Emergency Contact (Name and Phone) _____

Secondary Emergency Contact _____

Any Physical Disabilities_____

Current Employer_____ Occupation_____

Work Schedule_____ Employer Phone Number_____

Any Previous Fire Fighting or EMS Experience_____

_____

State of Indiana PSID# (If Applicable) _____

List References:

1._____

2._____

By signing below, I acknowledge that the Lake Dalecarlia fire department is not a "Social Club" and that as a member I will be required to give freely of my time to respond to calls, drills, meetings, special events, fund raisers and perform public services. I further declare that this application presents to best of my knowledge that all information is true, and I have no obligations to the Lake Dalecarlia Fire Department to conduct any and all investigations of this information it deems necessary. And on becoming a member of the department I will abide by all by-laws and SOP/SOG set forth by the Lake Dalecarlia fire department.

Signed_____ Date_____

Spouse Signed_____ Date_____

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENCE WITH THIS APPLICATION

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Waiver of Liability

Whereas; the undersigned acknowledges that the LAke Dalecarlia Fire Department, and all of its agents, servants and employees have not made any representations or promises regarding the risk to health or limb associated with said activities and the undersigned has agreed to voluntarily incur all risks, know or unknown, of any harm or injury that may result from participating in said program or activities.

The Undersigned, does hereby acknowledge that by participating in said program or program activities, or any event is strictly voluntary; that although said activity may pose a threat to their personal health they incur all such risks of injury or other damages and shall hold the Lake Dalecarlia Volunteer Fire Department and all of their agents, servants and employees harmless from any and all claims, of whatsoever type and nature, that may arise from any injury or other damage that result from participation in said program, activity or event and/or use of facilities or equipment provided by the Lake Dalecarlia Volunteer Fire Department. The undersigned further releases and indemnifies the Lake Dalecarlia Volunteer Fire Department from any and all claims, of whatsoever type or nature, that may arise from participation in any such activity, program, or event and agrees that said release from liability shall also bind the undersigned heirs , survivors, beneficiaries or representatives.

I hereby certify that I have read and understand the above waiver and that by my signature below I agree to all terms and conditions of same without exception.

Date _____

*Name of Participant*_____

Address _____

Telephone Number _____

Signature _____

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. **Certifies that the undersigned is an employee, or has applied to become an employee of the Lake Dalecarlia Volunteer Fire Department which involves operation of a motor vehicle and gives his or her consent to release their driving record for review.**

2. **The undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial or continued employment.**

3. **All information on this form is true and correct. The undersigned understands that knowingly making a false statement or representation on this form is a criminal violation.**

Name (as it appears on driver's license) _____

Date of Birth: _____ Driver's License No. _____

Issuing State _____ Expiration Date _____

Signature of employee: _____

Date: _____

Employer Authorized Representative:

Name: _____

Signature: _____

Date: _____