



# METAMORA VOLUNTEER FIRE DEPARTMENT

19477 DUCK CREEK RD. METAMORA, IN 47030  
P.O BOX 2, METAMORA, IN 47030  
MVFD72@YAHOO.COM

Chief Blake Bryant, (765) 238-9939  
Asst. Chief John Arcaro, (765) 265-3040  
President, Elijah Bryant (765) 265-8872

## Membership Application

### Personal Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Education

Diploma/GED: \_\_\_\_\_ Highest Level Graduated: \_\_\_\_\_

Name of School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

### Training

Have you received any training or obtained any skills related to firefighting? If so, List below:

\_\_\_\_\_

Were you on another department prior to applying with us? If so, what department?

\_\_\_\_\_

Have you ever applied to this department before? If so, when?

\_\_\_\_\_

Why do you want to be a firefighter with our department?

\_\_\_\_\_



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### References

Please list three references who are not related to you:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Years Known: \_\_\_\_\_

### For Membership:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Probationary Start Date: \_\_\_\_\_

Probationary End Date: \_\_\_\_\_

Full Membership approved on: \_\_\_\_\_