

MARKLE VOLUNTEER FIRE DEPARTMENT AND ESCUE UNIT, INC

BOX 149

MARKLE, IN 46770

APPLICATION FOR MEMBERSHIP

1. Name _____
2. Address _____

3. Phone Number _____
4. Date of Birth/Age _____
5. Social Security Number _____
6. Driver License Number _____
7. Location of Household _____
8. Certification (if any) _____
9. Previous experience _____
10. Education _____
11. Reason for application _____
12. Date _____
13. Signature _____

Signature of this application gives Markle Volunteer Fire Department and Rescue Unit, Inc. authorization to do a background check and run MVR reports as part of the application process. The information obtained is strictly confidential and will not be released to other parties not associated with this department.