

# Rosman Fire Rescue

PO Box 188  
Rosman, NC 28772  
(828)862-4000  
www.rosmanfirerescue.com  
web@rosmanfirerescue.com

## Application For Membership

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License \_\_\_\_\_

Name of Spouse or Beneficiary \_\_\_\_\_

Place of Employment \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Work Number \_\_\_\_\_ Hours Worked \_\_\_\_\_

Special Skills \_\_\_\_\_

Have you ever been in a Fire/Rescue Department Before \_\_\_\_yes \_\_\_\_no

If so, Department Name \_\_\_\_\_

Department Address \_\_\_\_\_

Chief's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Any Certifications \_\_\_\_\_

List 3 References with Name and Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

On the back of this application write a brief summary of why you would like to be a member of Rosman Fire Rescue Inc.