



LEAD VOLUNTEER FIRE DEPARTMENT

622 HEARST AVENUE SUITE A
LEAD SD 57754
605-559-1313



LEAD VOLUNTEER FIRE DEPARTMENT Membership Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone Number(s) Home:		Cell		Work	
Date Available		Social Security No.		Date of Birth	
E-mail Addresses					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you been a member of the LVFD?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you between the ages of 14 and 18 years old?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Parent's signature:	
EDUCATION					
High School			Address		
From	To				
College			Address		
From	To				
Other			Address		
From	To				
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					



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TRAINING PLEASE LIST ANY FIRE SERVICE, MEDICAL OR OTHER RELATED TRAINING THAT YOU HAVE RECEIVED
(Attach an extra sheet if needed)

TRAINING NAME	CERTIFICATION NUMBER	DATE ACHIEVED	CERTIFICATE ATTACHED?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature _____ Date _____

DEPARTMENT USE ONLY

Date Application Received:
Date Application Presented to Department:
Action of Department:
Comments:
Signature: Fire Chief _____ Date _____
Signature: LVFD President _____ Date _____

SEND TO: leadvfdpresident@midco.net AND CC TO: Leadvfdchief@midco.net