



**Moncks Corner City Fire Department**

116 Carolina Ave.

Moncks Corner SC, 29461

Office 843-719-7990

**MONCK'S CORNER CITY VOLUNTEER FIREFIGHTER  
MEMBERSHIP APPLICATION  
(Please Print Legibly)**

NAME \_\_\_\_\_

                    FIRST                                    MIDDLE                                    LAST  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FIRE DEPARTMENT AFFILIATION YES/NO    BEST TIME TO CONTACT    AM/PM  
IF YES \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

WORKING HOURS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

List currently valid licenses, certificates or special skills relevant to this position.


**REFERENCES**

NAME	ADDRESS	PHONE #

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

RECOMMENDED BY \_\_\_\_\_

-----MEMBERSHIP COMMITTEE-----

DATE AND TIME PROSPECTIVE MEMBER CONTACTED \_\_\_\_\_

STATUS \_\_\_\_\_

STATUS \_\_\_\_\_

STATUS \_\_\_\_\_



**Moncks Corner City Fire Department**

116 Carolina Ave.

Moncks Corner SC, 29461

Office 843-719-7990

Moncks Corner City Fire Department  
Pre-Membership Agreement Application

---

Authorization to Release Information

In order for the Moncks Corner City Fire Department to thoroughly investigate my employment background and personal history, I authorize the Moncks Corner City Fire Department to contact any and all references who could provide information as to my work history and character. I hereby release all parties and persons connected with any such requests for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.

I understand that my DMV record will be reviewed and my membership with the Moncks Corner City Fire Department is contingent upon satisfactory investigation of my background. By signing this application, I am verifying that I have read, understand and agree to the above information. Further, I agree that I will support the Mission and Goals of Moncks Corner City Fire Department and adhere to all department policies and procedures.

**READ BEFORE SIGNING:** If you have questions regarding any part of this application, criminal history, or this statement please ask before signing. I certify that the information given by me to the Moncks Corner City Fire Department is true and complete to the best of my knowledge. I understand that, if I am asked to be a volunteer, discovery that I gave false or misleading information may result in immediate dismissal.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date