

# Cheshire Volunteer Fire Department

## *Application for Auxillary Membership*

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*The Cheshire Volunteer Fire Department Auxillary exists solely as a support element of the department itself. Auxillary members **will not** participate in duties that are inherently dangerous to themselves or to other members of the department. Auxillary members' duties will be approved or disapproved by the Chief of the department.*

What type of service or function do you wish to provide to the department?

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Signature

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Date

Secretary's Use Only:

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

Date: \_\_\_\_\_

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

Secretary's Initials: \_\_\_\_\_