

# APPLICATION FOR MEMBERSHIP PINEDALE VOLUNTEER FIRE DEPARTMENT

**PLEASE PRINT**

What type of membership are you applying for? <i>(Check one.)</i>	
<input type="checkbox"/> Operations	<input type="checkbox"/> Cadet

Your Last Name		Your First Name			Your Middle Name	
Current <b><i>Physical</i></b> Address	Number	Street	City	State	Zip Code	
Current <b><i>Mailing</i></b> Address	Number	Street	City	State	Zip Code	
Telephone Numbers				Social Security Number		
Home	Cellular	Work		- -		
Driver's License Number			Class	Your E-mail address(es)		

How long have you lived at your present address?	Yrs.	Mos.
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when?		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony? (If yes, explain below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sex	Height	Weight	Eyes	Hair	Contact Lenses?	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date of marriage	Date of birth			
Number of dependents not including yourself:						
Have you had a major illness or injury in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?						
Describe illness/injury:						
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you wear a Medic Alert ID?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, for what condition?	
List any allergies:				List any maintenance medications you currently take:		
				Medication	Dose	Frequency

## EDUCATION

*(Note: High school graduation or successful GED completion is a **minimum requirement** if you are applying for **Operations** membership. You may be asked to provide documentation that you have completed this requirement.*

*If so, your application **cannot be considered** without this documentation.*

	Name and Address of School	Course of Study	Level Completed				Diploma/ Degree
			Gr 9	Gr 10	Gr 11	Gr 12	
High School							
Undergraduate College			1	2	3	4	
Graduate/ Professional			1	2	3	4	
Other (Specify)			1	2	3	4	

## SPONSOR / MEMBER RECOMMENDATIONS

*(Must be active members of the Pinedale Volunteer Fire Department)*

1. (Sponsor)	
2. (Recommend)	
3. (Recommend)	

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PINEDALE VOLUNTEER FIRE DEPARTMENT**

Summarize any special knowledge or training, skills, abilities, apprenticeships, extra-curricular activities or other qualifications acquired from school or employment, or describe any other experience that you think would be useful to the Pinedale Volunteer Fire Department. You may want to include any professional, trade, business or civic activities and offices you have held or currently hold.

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**MILITARY**

Have you ever served in the U.S. Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which branch?	Years served	Highest rank held	
Type of discharge?	Date of discharge?		

**DO YOU SPEAK ANY FOREIGN LANGUAGES? IF SO, WHICH ONES AND HOW WELL?**

**PAID EMPLOYMENT** (start with your *present or last* job.)

Employer #1	Describe the work you do/did.		
Address			
Job Title/Function	Supervisor's Name		
Reason for Leaving			
Dates Employed			
From		To	

Employer #2	Describe the work you did.		
Address			
Job Title/Function	Supervisor's Name		
Reason for Leaving			
Dates Employed			
From		To	

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## PAST FIRE, RESCUE, EMS OR OTHER EMERGENCY SERVICE EXPERIENCE

*(Start with the organization in which you presently serve or with the one in which you last served. You may exclude membership that would reveal race, religion, national origin, ancestry, disability, or other protected status.)*

Organization #1		What are/were your duties and responsibilities?
Address		
Your Function	Supervisor's Name	
Telephone Number(s)		
Reason for Leaving		
Dates Served		
From	To	

Organization #2		What were your duties and responsibilities?
Address		
Your Function	Supervisor's Name	
Telephone Number(s)		
Reason for Leaving		
Dates Served		
From	To	

### ALL APPLICANTS

Who are two adult personal references (not related) we can contact?

1.	Name	
	Address	
	Telephone	( )

2.	Name	
	Address	
	Telephone	( )

### In Case of Emergency, Notify:

Name		Name	
Address		Address	
Relationship		Relationship	
Home Phone		Home Phone	
Cell / Other Phone		Cell / Other Phone	

### IF APPLYING FOR CADET

- School Currently Attending: \_\_\_\_\_ Circle Grade: 9 10 11 12
- Overall Grade Average For Last Reporting Period: \_\_\_\_\_

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(NOTE: APPLICATION WILL NOT BE CONSIDERED UNLESS COPY OF LAST REPORT CARD IS ATTACHED.)

## IF APPLYING FOR CADET

Who are two (2) SCHOOL INSTRUCTORS we can contact for reference?

	Name	School	Address	Phone No.
1.				
2.				

## ALL APPLICANTS

Why do you want to join the Pinedale Volunteer Fire Department?

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## **APPLICANT'S STATEMENT**

I hereby authorize the Pinedale Volunteer Fire Department to make any investigation of my personal history, as well as my criminal background through any investigative agencies the Pinedale Volunteer Fire Department chooses to use.

I hereby certify that all statements made in this application are true, correct and complete to the best of my knowledge and belief. Any misrepresentation, inaccuracy, or omission I have made on this application may be cause for the Pinedale Volunteer Fire Department to either negate this application or terminate me at any time in the future.

In making this application for membership, I hereby authorize the Pinedale Volunteer Fire Department to make an investigation whereby information may be obtained through oral or written contact with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I hereby release from liability the Pinedale Volunteer Fire Department, the employees, corporations or organizations furnishing said information, as well as any other persons the Pinedale Volunteer Fire Department may contact.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Both Parents' or Guardian's Signatures (if applying for Cadet):

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**STOP HERE.**

*FOR CHIEF'S USE:*

Date application accepted: _____	Date application rejected: _____
<b>Signature:</b> Fire Chief	<b>Signature:</b> Cadet Advisor (if applicable)



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**CONSENT FOR BACKGROUND CHECK**

I, \_\_\_\_\_, being of sound mind, am applying for

(print your name)

membership with the Pinedale Volunteer Fire Department. I understand that the Pinedale Volunteer Fire Department may initiate a background check on me as part of its membership application process.

By my signature on this document, I hereby grant permission to the Pinedale Volunteer Fire Department to have a background check conducted on my behalf.

If asked to provide a copy of my honorable discharge from the military, I will provide same.

I also understand that the information generated as a result of this check will be reviewed by the Fire Chief and may also be reviewed by any other personnel who may be responsible for evaluating applicants for membership. I further understand that this information will remain confidential and will be subsequently maintained as a confidential and permanent part of my personnel file.

Signature of Applicant (full name)	_____
Signature of Witness (full name)	_____
Applicant's Social Security No.	____ - ____ - _____
Applicant's Driver's License No.	_____ State _____
Applicant's Date of Birth	_____

**FOR CHIEF'S USE**

Signature of Fire Chief	_____
Date of Request	_____