

North Washington Volunteer Fire Department

Membership Application Form

[Revised April 2012]

Type of application: Firefighter Social EMT/ First Responder

***All information and references given on the application may be verified by the Board of Directors/Elected Officers of the organization.**

Name: _____ Date: _____

Address: _____ Phone: _____

D.O.B.: _____ S.S. #: _____

(Federal Law Prohibits Age Discrimination)

Driver's License Number & State: _____

Driver's License Class & Expiration Date: _____

Current Employment or Name of School: _____

Educational Background:

High School/Tech School: _____

College/Vocational School: _____

Post Graduate: _____

Military Experience: _____

Previous Fire Fighting/ ESO Experience:

Fire Company/ESO: _____ Date: _____ Rank: _____

Fire Chief's/Administrator's Name: _____ Phone #: _____

Fire Company/ESO: _____ Date: _____ Rank: _____

Fire Chief's/Administrator's Name: _____ Phone#: _____

Total years involved in ESO: _____

Fire School/Training [Firefighters/Rescue, EMS, etc.]

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

[Please include a copy of current certifications]

Health Information:

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.]

Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [Fear of height, claustrophobia, etc.]

Emergency Contact Information:

Name of person to contact in case of an emergency: _____

Emergency Phone Number: __ (____) _____

Beneficiary [Relationship]: _____

Background Investigation:

Have you ever been convicted of a crime? Yes No

If yes, please explain]

I agree to permit the North Washington Volunteer Fire Department to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization. This information will be held in confidence by the North Washington Volunteer Fire Department. You will be responsible for paying the non-refundable back ground fee of \$10. If you are accepted, the \$10 will include your \$3 membership dues.

Signature of Applicant _____ Date: _____

***The applicant certifies that the above information is true and accurate.**

Signature of parent/guardian if applicant is under 18 years old:

_____ Date: _____

Signature of Fire Chief _____ Date: _____

To your discretion, any information on this application that you desire not to disclose does not have to be given, but you must sign the application to release the North Washington VFD of any liability of bodily injury to yourself or others that could occur from your medical condition. You also understand that you will be on a probationary status for 1 year and that membership could be revoked for just cause. Upon membership acceptance you will receive Fire Department issued equipment pertaining to active membership. You are held responsible for all equipment and shall be returned if you leave the Department or your membership is revoked or you do not run 1 (one) emergency call within 6 (six) months.