



WILLOWVALE VOLUNTEER FIRE COMPANY, INC.

MEMBERSHIP APPLICATION



Name: _____ SSN: _____ - _____ - _____ Phone Numbers
 (Last, Middle, First) Home Work Cell
 Current Address: _____ E-Mail Address
 (Street) _____
 (City, State, Zip) _____

Date of Birth: _____ Age: _____ **PERSONAL DATA**
 Occupation: _____ Employer: _____
 (Name, Address, Phone) _____
 Time at Current Employer: _____
 Drivers License ___ / ___ / _____ Has your license ever been suspended or revoked?
 (State, Class and Number) (Yes) (No)
 If yes, explain circumstances: _____
 Have you ever been convicted of any crime, other than a minor traffic citation? (Yes) (No)
 If yes, when, and what was the disposition of the offense? _____

EDUCATION
 High School: _____ Highest Level Completed: _____
 (Name & Address) _____ Do you have a G.E.D.? (Yes) (No) (NA)
 College: _____ Number of Credits/Degrees Earned: _____
 (Name & Address) _____

FIRE/RESCUE AND/ OR EMS EXPERIENCE
 Have you ever been a member of another Fire/Rescue Department? (Yes) (No) If Yes Complete Following:
 Fire/ Rescue Department: _____ Dates of Service: _____
 (Name, Address, Phone) _____
 List types of Fire/Rescue vehicle(s) you have been authorized to drive/operate: _____
 List Highest Rank Held: _____
 List any Fire/Rescue/EMS or related classes you have completed (i.e. Basic Firefighter, Emergency Medical Technician)

 _____ Attach addition sheets if necessary
 Fire/Rescue Reference (i.e. Fire Chief): _____ Phone _____

REFERENCES
 List, as character references, Two (2) persons you have known for at least 3 years and who are NOT related to you.
 Reference: _____ Reference: _____
 (Name, Address, Phone) _____ (Name, Address, Phone) _____

EQUAL OPPORTUNITY: The Willowvale Volunteer Fire Company, Inc. values diversity. Men and women of all ages, cultural and ethnic backgrounds, religious and political affiliation, national origins, and persons with disabilities are encouraged to apply.

CERTIFICATION AND AUTHORIZATION: I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose material misrepresentation, omissions or falsification, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be immediately terminated. My signature on this application indicates that I have read the job description for the positions available to me and I understand that the job of a fire fighter or EMS member is physically challenging and that my membership is dependent upon my successful completion of a physical examination and that I receive a favorable background investigation.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the confirmation of these to release such information necessary for verification. I release any individual, institution, business or organization from any liability for damages, which might arise from the release of pertinent information. I have read, or have read to me, the statements above and by my signature agree to these provisions.

Signature of Applicant: _____ Date: _____

Signature Parent or legal Guardian: _____ Date: _____

(If applicant is under age 18)

Administrative Review

Interview Date: _____ Voted in: (Yes)(No) Background Check: (Yes)(No) Probation Start: _____ Fire Chief's Initials: _____
 Vote Date: _____ References Checked: (Yes)(No) Physical: (Yes)(No) Probation End: _____