

# Amissville Volunteer Fire and Rescue Company, Inc. Membership Application Packet

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

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



## **REQUIREMENTS FOR MEMBERSHIP:**

1. Applicant must be fifteen (15) years and eight (8) months of age or older to apply as a volunteer member.

## **TYPES OF MEMBERSHIP:**

1. Senior (Eighteen (18) years of age or older)
2. Junior (Fifteen (15) years and eight (8) months of age or older)

## **REQUIREMENTS OF ALL MEMBERS:**

1. Each member is expected to be kind, courteous, honest, and positive representatives of the organization at all times.
2. Each member is expected to abide by and uphold the rules, regulations, and by-laws at all times.
3. Each member is expected to attend all monthly business meeting and monthly BINGO on pre-assigned crew, unless there are extenuating circumstances.

## **REQUIREMENTS OF OPERATIONAL MEMBERS:**

1. Each member must complete Healthcare Provider CPR prior to riding on apparatus.
2. Each member is required to maintain patient confidentially in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
3. Each member must complete the National Incident Management System (NIMS) Incident Command Systems (ICS) courses IS 100, IS 200, IS 700.
4. Each member is responsible for maintaining required certifications, and complying with all training requirements of the organization.

# Application for General Membership

## PERSONAL

Failure to provide complete information on the form could delay the processing of your application.

Last Name:	First:	Middle:	Last 4 of SSN:
Street Address:			Home Phone:
City:	State:	Zip:	Business Phone:
How long have you lived at this address?		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile Phone:
Driver's License Number and State:	Email Address:		Date of Birth:
Are you a citizen of the United States or a legal resident alien?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold a valid driving license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn of our Company? <input type="checkbox"/> Referral <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> Fundraiser			
<input type="checkbox"/> Another Fire and Rescue Station? Please list the station name:			
<input type="checkbox"/> Other? Please explain:			

## EXPERIENCE

Have you ever filed an application with Amisville Volunteer Fire and Rescue?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when?		
Have you ever been denied membership to a fire and/or rescue department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:		
Have you ever been discharged for misconduct, unsatisfactory service or asked to resign from a fire and/or rescue department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:		
Can you speak any foreign languages, including sign language?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list all languages:		
List all Fire/EMS/Medical certifications you have.	Can you provide a copy of all certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certifications	Certifications	
State	State	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

# EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT

Present Employer:	Telephone:
Address:	Employment Start and End (State Month and Year):
Name of Supervisor:	Reason for Leaving:
State Job Title and Describe Your Work:	
Previous Employer:	Telephone:
Address:	Employment Start and End (State Month and Year):
Name of Supervisor:	Reason for Leaving:
State Job Title and Describe Your Work:	
Previous Employer:	Telephone:
Address:	Employment Start and End (State Month and Year):
Name of Supervisor:	Reason for Leaving:
State Job Title and Describe Your Work:	

# REFERENCES

Please list three references, **not related to you by blood, or marriage**, that you have known for at least two years.

NAME	RELATION	WORK PHONE #	HOME PHONE #
1.			
2.			
3.			

Please list three additional references from any previous membership in a fire department or rescue squad.

NAME	RELATION	WORK PHONE #	HOME PHONE #
1.			
2.			
3.			

# EMERGENCY CONTACT

In case of an emergency, please notify:			Relationship:		
Address:					Home Phone:
City:	State:	Zip:	Business Phone:	Mobile Phone:	

# GENERAL INFORMATION

Have you ever been convicted of a traffic violation (not including parking tickets), a misdemeanor, or a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, fully explain charge(s), date(s), verdict(s), and any terms or conditions. State whether felony or misdemeanor.	
Are you currently under any pending indictment or charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate the date and nature of the charge, police agency, court and disposition:	
Have you ever engaged in the use or sale of illegal substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you have any medical issues or disabilities, which may interfere with your ability to fully perform all FIRE/EMS duties? (This is including but not limited to: spinal problems, back problems, heart problems, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	

Have you ever been or presently under a Doctor's care for <u>ANY</u> medical condition, mental disorder, or nervous condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:	
Are you currently on disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:	
Are you able to lift one hundred twenty-five (125) pounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# ACCEPTANCE OF APPLICATION

I, the undersigned, certify that the information contained herein is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, erroneous, it may result in the rejecting of my application or in my discharge from the **Amissville Volunteer Fire and Rescue Company, Inc.** I also agree to abide by and uphold the rules, regulations, and by-laws of the **Amissville Volunteer Fire and Rescue Company, Inc.**

I further agree to maintain patient confidentially in accordance with the Health Insurance Portability and Accountability Act (HIPAA) as explained to me.

Upon resignation or termination of my membership, I agree to return all items issued by **Amissville Volunteer Fire and Rescue Company, Inc.**, including but not limited to pager/radio, protective gear, uniforms and any other items entrusted to me.

\*Print Full Legal Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Any applicant under the age of 18 must have the consent of a parent(s) or legal guardian to become a member of the Amissville Volunteer Fire and Rescue and participate in all fire and rescue activities.**

I, the undersigned, hereby give consent for my (son or daughter) \_\_\_\_\_ to become an active member of the **Amissville Volunteer Fire and Rescue Company, Inc.** and to participate in any and all department related activities.

\*Print Full Legal Name: \_\_\_\_\_

\*Parent/Legal Guardian Signature: \_\_\_\_\_

\*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the President / Chief of the Company, or any other authorized official of the **Amissville Volunteer Fire and Rescue Company, Inc.**, bearing this release, permission to conduct a personal background investigation which I know may include any information held, in my personal and training files from other departments if applicable. I further authorize **Amissville Volunteer Fire and Rescue Company, Inc.** to conduct a criminal background check as well as a driver's license investigation.

This release is granted with full knowledge and understanding that information is for official use of the **Amissville Volunteer Fire and Rescue Company, Inc.** and furthermore, that it may be used to terminate this application. None of the information obtained will be released to any other individual or agency without consent of the applicant.

I hereby release you, as custodian of such records, from any liability or damage of whatever kind resulting at any time because of compliance with this authorization.

Print Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_