

SKYLINE FIRE RESCUE DISTRICT
VOL. MEMBERSHIP APPLICATION

DATE: ____/____/____

NAME(AS APPEARS ON DRIV.
LIC.) _____

PRESENT
ADDRESS: _____

(HOW LONG AT THIS LOCATION?) _____

HOME PHONE: _____ PAGER/CELL
PHONE(OPTIONAL) _____

AGE: _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY
_____ - _____ - _____

HEIGHT: _____ WEIGHT: _____ EYES: _____
HAIR: _____

NAME OF
SPOUSE: _____

NAMES OF CHILDREN AND
AGE: _____

EMPLOYER: _____ WORK
PHONE: _____

DRIVER'S LICENSE # _____ CLASS: _____
STATE: _____

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?
YES _____ NO _____

IS YOUR DRIVER'S LICENSE CURRENT AND VALID? YES _____ NO _____

AUTO INSURANCE
COMPANY: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OTHER THAN A MINOR
TRAFFIC VIOLATION?

YES _____ NO _____ **IF YES, YOU WILL BE ASKED TO EXPLAIN AT YOUR
INTERVIEW.

DO YOU NOW OR HAVE YOU IN THE PAST TAKEN ANY ILLEGAL SUBSTANCES? YES _____
NO _____

IF YES, YOU WILL BE ASKED TO EXPLAIN AT YOUR INTERVIEW.

WOULD YOU HAVE ANY PROBLEM ATTENDING DRILLS AND MEETINGS EVERY TUESDAY NIGHT?

YES _____ NO _____ IF YES,

EXPLAIN: _____

WOULD YOU HAVE ANY PROBLEM ATTENDING SPECIAL WORK DETAILS WHEN SCHEDULED?

YES _____ NO _____ IF YES,

EXPLAIN: _____

WOULD YOU HAVE ANY PROBLEM COMMITTING TO ONE 8-HOUR WEEKEND DUTY SHIFT PER MONTH?

YES _____ NO _____

EXPLAIN: _____

DO YOU HAVE ANY FIREFIGHTING EXPERIENCE? YES _____ NO _____

IF YES, WHERE AND

WHEN: _____

(IF YOU HAVE ANY CERTIFICATES OR TRAINING RECORDS, PLEASE ATTACH TO APPLICATION)

WHAT IS YOUR MOTIVATING FACTOR FOR BECOMING A VOLUNTEER FIREFIGHTER?

WHAT DO YOU HOPE TO GAIN FROM THE EXPERIENCE OF VOLUNTEER FIREFIGHTING?

WHAT QUALITIES OR SKILLS DO YOU POSSESS THAT WOULD CONTRIBUTE TO THE SUCCESS OF OUR DEPARTMENT?

IN YOUR OPINION, WHAT IS THE DUTY OF A FIREFIGHTER? _____

PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

NAME: _____ PHONE

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE

NAME: _____ PHONE

ADDRESS: _____

RELATIONSHIP: _____

MEDICAL INFORMATION

MEDICAL DOCTOR: _____ PHONE

HOSPITAL OF
CHOICE: _____

DO YOU HAVE ANY HEALTH PROBLEMS THAT REQUIRE YOU TO SEE A DOCTOR ON A
REGULAR BASIS?

YES _____ NO _____

EXPLAIN: _____

DO YOU CURRENTLY TAKE ANY MEDICATION? YES ___ NO ___

IF YES, PLEASE LIST AND

EXPLAIN. _____

LIST ANY CHRONIC ILLNESS OR
DEFECT: _____

LIST ANY PHYSICAL OR MENTAL
LIMITATIONS: _____

ANY ALLERGIES:

BLOOD TYPE: _____

HAVE YOU HAD ANY KIND OF AN ACCIDENT IN THE PAST 2 YEARS THAT REQUIRED
HOSPITALIZATION?

YES _____ NO _____ IF YES,

EXPLAIN: _____

HAVE YOU HAD A RECURRING ILLNESS OR INJURY IN THE PAST 2 YEARS OTHER THAN A COLD?

YES _____ NO _____ IF YES,

EXPLAIN: _____

DO YOU HAVE A PREVIOUS HISTORY OF BACK PROBLEMS OR INJURY? YES _____

NO _____

IF YES,

EXPLAIN: _____

DATE OF LAST PHYSICAL: _____ NAME OF
PHYSICIAN: _____

HAVE YOU EVER FILED A WORK COMP CLAIM? YES _____ NO _____

IF YES,

EXPLAIN: _____

RELIGION

RELIGION

(OPTIONAL): _____

MINISTER/PRIEST/RABBI

(OPTIONAL): _____

IN THE EVENT ANY MEMBER OF THIS DEPARTMENT IS INJURED OR BECOMES ILL AND IS TRANSPORTED TO A LOCAL HOSPITAL, AN OFFICER OF THE DEPARTMENT SHALL MAKE CONTACT IN PERSON WITH THE PERSON OR PERSONS NAMED TO CONTACT.

IN THE EVENT OF SERIOUS INJURY OR ILLNESS, AN OFFICER SHALL PROCEED TO THE HOSIPTAL WITH THE FIREFIGHTER.

AT ANY TIME ANY MEMBER OF THIS DEPARTMENT MUST BE TAKEN TO THE HOSPITAL, THE CHIEF OF THE DEPARTMENT SHALL BE NOTIFIED IMMEDIATELY.

*******NOTICE*******

AS PART OF THE DEPARTMENT'S NORMAL PROCEDURE FOR PROCESSING YOUR APPLICATION FOR MEMBERSHIP, INVESTIGATIONS MAY BE MADE, WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL

CHARACTERISTICS, AND MODE OF LIVING. THIS CHECK MAY ALSO INCLUDE A CHECK WITH LOCAL LAW ENFORCEMENT OF OUR CHOICE.

*******AGREEMENT*******

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS RECORD BY THE SKYLINE FIRE RESCUE.

I CERTIFY THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF ANY KIND IS JUST CAUSE FOR REJECTION OF THIS APPLICATION.

I CONSENT TO A CRIMINAL BACKGROUND CHECK BEFORE ACCEPTANCE INTO THE DEPARTMENT.

I HEREBY AGREE THAT IF I BECOME A MEMBER, I WILL ATTEND ALL FUNCTIONS OF THE DEPARTMENT WHENEVER POSSIBLE.

I CONSENT TO RANDOM DRUG TESTING. ANY REFUSAL OF TESTING WILL RESULT IN IMMEDIATE TERMINATION FROM THE DEPARTMENT.

I UNDERSTAND THAT IF ACCEPTED I WILL BE PLACED ON PROBATION FOR A PERIOD TO BE DETERMINED BY THE OFFICER'S OF THE DEPARTMENT.

I UNDERSTAND THAT ANY FIRE DEPARTMENT ISSUED EQUIPMENT WILL BE TURNED BACK TO THE DEPARTMENT WHEN REQUESTED BY AN OFFICER OF THE DEPARTMENT. REFUSAL TO TURN OVER DISTRICT EQUIPMENT WILL RESULT IN A CERTIFIED LETTER WITH A GRACE PERIOD OF TEN DAYS. AT WHICH TIME, A COPY OF THE CERTIFIED LETTER WITH RECEIVING SIGNATURE, WILL BE TURNED OVER TO THE STATES ATTORNEY'S OFFICE FOR LEGAL CHARGES TO BE FILED THROUGH THE SHERIFF'S OFFICE.

SIGNATURE: _____

DATE: _____

*******DEPARTMENT USE ONLY*******

RECOMMENDED BY CHIEF: _____

DATE: _____

ACCEPTED BY DEPARTMENT: YES _____ NO _____

DATE: _____

BOARD'S SIGNATURE: _____

DATE: _____

PROBATIONARY PERIOD: _____

END

DATE: _____

