



FRIBERG-COOPER VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP



PERSONAL INFORMATION

Name: (Last, First Middle)	Address: (Street, City)
Date of Birth:	Social Security Number:
Cell #:	Cell Provider:
Email Address:	

Gender:	Hair:	Eyes:	
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Drivers License #:	State:	Type/Class:
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TYPE OF MEMEBERSHIP

Which SVFD membership type do you have an interest in pursuing?

<input type="checkbox"/> Firefighting/EMS
<input type="checkbox"/> Auxiliary

EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:
Doctor Name:	Doctor Phone:

ALTERNATE EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:
Doctor Name:	Doctor Phone:

FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **fire organization** membership and **fire fighting** training with inclusive dates:

Organization:	How Long:
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Rank or Positions Held:	
Organization:	How Long:
Rank or Positions Held:	

List any certifications or specialized training recieved:

List any or all other volunteer organizations (non-fire service) you are or have been a member (NAME and LOCATION):

#1:

#2:

#3:

EMPLOYMENT INFORMATION

Employer:	Work Schedule: (Days/Hours)
Address:	Position:
City, State, Zip:	Can be you contacted during work hours for calls?:
Work Phone Number:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

CRIMINAL HISTORY

Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations?

YES NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES

NO

If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

MEDICAL INFORMATION

Do you have a physical or health disorder which may impair your ability as a fire fighter or first responder?

If YES, explain in detail (use additional paper if needed).

Please read and sign:

I, _____ hereby make application for membership in the Friberg-Cooper Volunteer Fire Department.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE FRIBERG-COOPER VOLUNTEER FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR DEPARTMENT USE ONLY

Date Application Received:	
Application Received By:	

Type of Membership:	
<input type="checkbox"/> Firefighter/EMS	<input type="checkbox"/> Auxiliary

Date Presented to Department:	
Decision:	
Company Assignment:	