

# APPLICATION FOR MEMBERSHIP SANBORN VOLUNTEER FIRE DEPARTMENT

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DATE: \_\_\_\_\_

## PERSONAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: HOME \_\_\_\_\_ WORK \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## OTHER INFORMATION

EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_

List any First Aid/CPR experience or Medical Training you have taken and the completion date of each.

(a). \_\_\_\_\_

(b). \_\_\_\_\_

(c). \_\_\_\_\_

List any other special skills or experience that may be of benefit to this Fire Department?

(1). \_\_\_\_\_

(2). \_\_\_\_\_

(3). \_\_\_\_\_

Do you agree to take a physical examination as required by the department? \_\_\_\_\_

Any physical disabilities/ailments that may affect your service to the team \_\_\_\_\_

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List all traffic violations for which you have been cited for in the past three (3) years. \_\_\_\_\_

Are you now or have you in the past, been rated as a sub-standard risk by any automobile insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, explain \_\_\_\_\_

Do you agree to obtain a restricted (5T) chauffeurs license prior to driving a Fire Truck?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

Do you agree to successfully complete the Fire Department Training and any other training required to becoming a Fireman? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you agree that in addition to your "duty time", you will also attend regularly scheduled meetings and other drills/meetings as are required to properly maintain an efficient Fire Department Team. \_\_\_\_\_ Yes \_\_\_\_\_ No.

Does your Employer understand the duties/responsibilities of your membership in this service, and does your employer agree to approve your active participation on this team.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
SIGNATURE OF EMPLOYER

\_\_\_\_\_  
DATE

If married, does your spouse understand the duties and responsibilities of your membership in this service and does she/he agree to your active participation on this team? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

## APPLICANT'S ASSURANCES

As a member of the Sanborn Volunteer Fire Department, I agree to abide by the by-laws and rules of the Department, and the City, County, State and Federal laws and ordinances which govern the operation of this Fire Department service.

"I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that if accepted, falsified statements on this application shall be grounds for dismissal".

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application requires the approval of the membership of the Sanborn Fire Department, as well as the approval of the Sanborn City Council.

## APPLICANT APPROVAL

### FIRE DEPARTMENT

The applicant has been approved by the Directors and membership of the Sanborn Volunteer Fire Department in accordance with the City's Ordinances and the Fire Department By-laws.

Chief: \_\_\_\_\_

Secretary: \_\_\_\_\_

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

### CITY OF SANBORN

This applicant has been approved for appointment as a fire department member for the Sanborn Volunteer Fire Department by the City Council of Sanborn by action taken on

\_\_\_\_\_.

City Administrator: \_\_\_\_\_

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