

APPLICATION FOR MEMBERSHIP SANBORN VOLUNTEER FIRE DEPARTMENT

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 _____

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: _____

