



# Application For Membership Devils Lake Rural Fire Department

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sponsor (If applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: Single  Married

Spouses Name: \_\_\_\_\_ Children: Yes  No

Do you have a valid drivers license? Yes  No  CDL? Yes  No

Have you ever been charged with a felony? Yes  No

If yes, explain: \_\_\_\_\_

## Employer Information

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Do you have consent to leave work in the event of an alarm? Yes  No

May we contact your employer? Yes  No

## References

Please List 3 Professional References

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

|          |               |
|----------|---------------|
| Name:    | Relationship: |
| Address: | Phone Number: |
| Name:    | Relationship: |
| Address: | Phone Number: |

## Questionnaire

1. Are you able to attend meetings and trainings on Monday evenings?      Yes       No   
 If no, explain:
2. Do you have any health impairments, physical, mental, or medical, that would prevent you from performing your duties as a Firefighter?      Yes       No   
 If yes, explain:
3. Are you physically able to perform the duties of firefighting?      Yes       No   
 If no, explain:
4. Can you pass a background check?      Yes       No   
 If no, explain:
5. Do you understand you will be interviewed by the trustees and accepted by the association for a probation period of up to one year?      Yes       No
6. Do you understand that after the probation period, you will be voted on by the association for active membership?      Yes       No
7. Do you understand that if you become a member, and during probation, you will be held to a standard of conduct consistent with firefighting standards?      Yes       No
8. Why do you want to be a member of the DLRFD?

By submitting this application, I affirm the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

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

THIS BLOCK IS FOR OFFICIAL USE ONLY

Trustees Approval    Y / N    Date \_\_\_\_\_      Association Approval    Y / N    Date \_\_\_\_\_