

Date: _____

**Richfield Rural Fire Department
Application for Membership**

We welcome your application for membership in our department. Your application will be considered for membership by the Richfield Fire Department Officers. This department has a one-year probation period during which time you agree to attend as many meetings and incidents as you can. During this period you will be required to attend/complete the Fire Fighter 1 classes as well as the DNR Wildland Class. A background check will also be performed.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

DOB: _____

Drivers License #: _____ Sex: M/F Age: _____

Email Address: _____

Medical Insurance Carrier: _____

Current Employer: _____ Since: _____

Would you be able to respond from work? _____ Hours Available: _____

List any physical handicaps, major illnesses or operations: _____

List any special training and skills that would benefit the department: _____

Have you been involved in another Fire/EMS dept: Y/N

If yes, reason for leaving: _____

Active From: _____ Until: _____

Contact Name: _____ Phone: _____

Have you ever been convicted of a Felony: Y/N

If yes, explain: _____

Do you have any Traffic Violations in the last 24 months: Y/N

If yes, explain: _____

Please list 3 References

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Reason for wanting to join the Richfield Rural Fire Dept: _____

If selected, I am willing to take all training, attend at least 1 meeting and/or training session per month and respond safely to all emergency calls when available. Any misinformation on this application will result in an automatic denial of membership.

Signature of Applicant: _____

Signature of Spouse: _____

For clerical use only:

Officers Approval Date: _____

Shoe size: _____ Glove size: _____ Coat Size: _____ Pant size: _____

Pager #: _____