

Richfield Rural Fire Department
Application for Membership

Check the appropriate box below

☐ **Firefighter** ☐ **Emergency Medical Responder** ☐ **Both**

We welcome your application for membership in our department. Your application will be considered for membership by the Richfield Fire Department Officers and Members. 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 appropriate training needed. A background check will also be performed.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Home Phone: _____ **Cell Phone:** _____

Sex: M / F **DOB:** _____ **Age:** _____

Driver's License #: _____ **Is your license valid:** Y / N

Email Address: _____

Do you have current: **Medical Insurance:** Y / N **Auto Insurance:** Y / N

Current Employer: _____ **Since:** _____

Would you be able to respond from work? Y / N

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

Have you been on another Fire/EMS dept.: Y / N **Dates:** _____

If yes, reason for leaving: _____

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 married, is your spouse aware you are filling out this application? Yes No N/A

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. I will also abide by the by-laws of the fire department. Any misinformation on this application will result in an automatic denial of membership.

Signature of Applicant: _____ **Date:** _____

For dept. use only:

Date application received: _____

Background check complete: _____

Background Notes: _____

Probationary Period Start Date: _____