## **Application for Membership**

## **RIVERDALE VOLUNTEER FIRE DEPARTMENT**

Classification of Membe Please fill out all portions of this		FIRE/EMS		EMS ON			i <b>nistra</b> delay th		ion process If	
you have any questions, please								іс арріісаі	aon process. II	
PERSONAL INFORMATION										
NAME: Last	First	First Middle		DATE OF BIRTH:		AGE:				
ADDRESS: Number & Street				C	CITY:		STATE	≣: Z	IPCODE:	
PREVIOUS ADDRESS: (If less t	han two years	at current address	)							
HOME PHONE: WOR		WORK PHONE	VORK PHONE:			CELL OR OTHER PHONE:				
PLACE OF BIRTH:		U.S. CITIZEN? IF NON-US CITIZE RESIDENT?			I, LEGAL EMAIL ADDRESS:			S:		
			1.20.22							
HEIGHT: (ft. , in.) WEIGHT:	(lbs.) EY	E COLOR:	HAIR COL	OR: S	EX:	RAC	E:		BLOOD TYPE:	
MARITAL STATUS:	RELIGIO	DN:		CHURCH/MI	NISTER:		PHONE	E NUMBE	R:	
EMERGENCY CONTACT NAME	<u> </u>  :	RELATIONSH	RELATIONSHIP TO YOU:			DAY AND E	VENING	ING PHONE NUMBERS:		
EMERGENCY CONTACT ADDR	RESS:									
ROUTINE MEDICATIONS: MEDICAL A		ALLERGIES: PHYSICA			L HANDICAP OR DE			ESCRIBE:		
FAMILY PHYSICIAN: PHONE NUMBER:				OTHER MEDICAL CONDITION THAT MAY INTERFERE WITH YOUR ABILITY TO PERFORM FIRE/EMS DUTIES:					E WITH YOUR	
MILITARY EXPERIENCE (ple			rvice, filli	ng in the ap						
SERVICE NUMBER	MILITA	ARY BRANCH		RANK		ATES OF SER	VICE	TYPE	OF DISCHARGE	
Describe your military job(s) and	training:		<u> </u>							
EDUCATION AND TRAINING	2									
NAME AND ADDRESS OF HIGH SCHOOL:		DATE OF GRADUAT		-	HIGHEST GRADE COMPLETED:		DATE OF G.E.D.:			
ENTER BELOW ANY COLLEGE	S, UNIVERSIT	TES OR TECHNIC	L CAL SCHOO	OLS ATTEND	ED (Use s	eparate page if	necess	ary)		
Name of School:		/State:		tes Attended:		Major:		credits:	Degree:	
	TE IN THE SP	ACES BELOW -	FOR INTE	RNAL RIVE			MENT I	JSE ONL	Y	
Date Application Received:				ID Number Assigned:						
Date Approved for Processing:  Approved By:				Probationary Manual Completed:  Engine Manual Completed:						
Date Physical Completed:				Tower Manual Completed:						

COURSE/CERTIFICATION TYPE	TRAININ	G	DATE	EXPIRATION	ADDITIONAL COMMENTS		
	AUTHORITY/JUR	SDICTION	RECEIVED	DATE			
MPLOYMENT HISTORY (begin v							
MPLOYER NAME AND ADDRESS	POSITION F	HELD	DATES	SUPERVISOR	PHONE NUMBER		
(w/city, state & zipcode)			EMPLOYED				
		I.			I		
ERSONAL REFERENCES (persor	s should not be relat	ed to vou, but s	hould be able t	o comment on vo	our educatio	n. work	
perience, character and/or con	nmunity involvement	PLEASE PROV	IDE AT LEAST	3 REFERENCES -	4 IF UNEMP	LOYED	
AME	ADDRESS (include Ci	ty/State/ZIP) (	OCCUPATION/TIT	LE	PHONE NUMBER		
	,	,					
RIVING RECORD							
RIVER'S PERMIT NUMBER:	ISSUING CI	ASS OF PERMIT:	ENDORSEME	NTS:	RESTRICTIO	NS:	
	STATE:						
URRENT # OF POINTS (if any):	Has your permit ever b			· · · · · · ·			
DRRENT # OF POINTS (II ally).	nas your permit ever t	een revoked or su	spended? II yes, e	хріаіт.			
ENERAL INFORMATION							
ave you ever been charged, arrested	or convicted of any crime	e or felony? If yes,	give date, charge,	place, court and	YES	NO	
tion taken.							
ave you ever filed an injury compensa	ation form or claim (work	er's compensation)	7 If ves inlease ex	nlain	YES	NO	
ave you ever med air injury compensi	ation form of oldin (work	or a compensation)	. II yes, piedse ex	piairi.	120	110	
ave you ever been an applicant, or m				artment or rescue	YES	NO	
uad? If yes, please provide the infor	mation requested below.	Use a separate pa	age if necessary.				
AME OF DEPARTMENT	ADDRESS	(	CHIEF	SERVICE DATES	REASON	OR LEAVING	
	1						
	1						
	<u> </u>			<u> </u>			
GNATURE							
ereby certify and affirm that all the in	formation provided on th	ie annlication ie trut	thful and accurate	to the heet of my kr	owledge and a	ability I	
nderstand that each statement will be	investigated Anv inacci	is application is trui	isleadina stateme	nt or answer may re	sult in rejection	of this	
oplication or dismissal from the depar		arato, idiomicu ur III	iologaniy stateme	or answer may le	can in rejection	. 5. 6.115	
.psation of atomicour from the depar							
\ DDI	ICANT'S SIGNATURE			חאדנ	OF APPLICA	TION	