

Date Turned In: _____ RVFD Member Receiving: _____

**Ridgely Volunteer Fire Department, Inc.
Volunteer Application**

NAME _____
Last First Middle

NICKNAME OR PREFERRED NAME _____

ARE YOU MINIMUM AGE 18? YES NO (If age 16-18 parent signature required at end of application)

HOME ADDRESS _____

TELEPHONE _____
City State Zip
Home Work Other

OCCUPATION _____

DRIVER'S LICENSE # _____ STATE _____ TYPE _____

Has your driver's license ever been suspended/revoked? YES NO
If yes, explain, give dates, etc... _____

EMAIL ADDRESS _____

In case of emergency please notify the following.

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE _____
Home Work Other

CHURCH OR MINISTER'S NAME _____ TEL # _____

FAMILY DOCTOR'S NAME _____ TEL # _____

APPLICATION CATEGORY Firefighter/Medical _____ Administrative _____
Cadet _____ Other _____

If you have been a member of a Volunteer Department or Rescue Squad previously, enter organization name, location, dates of membership/activity and reason for leaving.

Do you have any emergency service training, such as firefighting, first aid, EMT, etc.?

Special skills, interests or hobbies _____

Foreign languages spoken or read _____

Name and location of last high school attended _____
Grade completed _____

Name and location of college or university attended _____
Number of credits/degree _____

Other relevant training that should be included in your fire service file _____

As a member of the RVFD, you may be asked to perform tasks that will put you at substantial risk. Do you feel you will be able to perform these tasks? Why or why not? _____

There is much more to being a member with RVFD than responding to emergency calls for service. Members are asked to participate in training, fundraisers, meetings and fire prevention functions. These activities require many hours of the volunteers' time. Do you feel you will be able to donate the time required of an RVFD member? Why or why not? _____

Please use additional paper if necessary

REFERENCES

READ CAREFULLY:

List as character references three persons, whom you have known for at least three years and whom are not related to you or are past employers.

1. _____
name address

telephone number position/occupation

2. _____
name address

telephone number position/occupation

3. _____
name address

telephone number position/occupation

EMPLOYMENT

Current Employer _____

city state zip

Telephone number _____ Dates employed _____

Previous Employer _____

city state zip

Telephone number _____ Dates employed _____

Ridgely Volunteer Fire Department Application

I authorize the investigation of all statements made herein. I understand that any false statements or omissions of information requested is cause for rejection of my application.

Signature of Applicant _____ Date _____

Witness _____ Date _____

Parent Signature _____ Date _____

(if applicant between ages 16 – 18)

ADMINISTRATIVE REVIEW

Date Received _____ Interview Date & Time _____

Fee	Photo	School Check	Police/fingerprint check
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References	Interview by	Physical	* Voted (date)
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Officer Assigned _____

*Subject to medical clearance from your physician if member engaged in emergency response as part of membership.