Rocky Ridge Volunteer Fire Co., Inc.
Application for Membership

Personal Information

Name: _____ Date of Birth: _____ Age: _____
Address: _____
Social Security #: _____ - _____ - _____
Driver's License #. _____ Driver's License Class(s): _____
If you have a police record, please clarify: _____
_____

Employment Information

Employer's Name: _____
Address: _____
Job Description: _____
_____

Medical Information

Person to Contact in Emergency: _____
Relationship: _____
Emergency Telephone #: _____
Physical Health (Please list any pertinent conditions that may hinder your ability to respond to emergency calls):
_____
_____

Skills / Training

Special Skills or Training which may be useful in the fire service: _____
_____
_____
_____
If you have previously belonged to another fire company, please give the company name(s) location, years of service and positions held. (A letter of recommendation from the chief or president of the co. must be sent to the president of the Rocky Ridge Vol. Fire Co.): _____
_____

Signature Agreement

Any false statements made on this application could lead to an unfavorable report by the membership committee and cause rejection of the application by the membership. If in time following acceptance to membership, false statements are found, it could lead to immediate dismissal from the department.

To the best of my knowledge the above statements made by me are true and accurate, and the membership committee has my permission to verify all information. If accepted as a member of this company I agree to abide by all by-laws, rules and regulations of the company.

_____	_____	_____
Signature of Applicant	Date	Application Fee
_____	_____	
Signature of Sponsoring Member	Date	

Volunteer Fire & Rescue Services
Background Check Form

Date: _____

Name:_____

Address:_____
_____

DOB:_____SSN:_____

Driver's License Number and State:_____
All states resided in within the past twenty (20) years:_____

I, _____, hereby authorize a records check to be completed as part of my volunteer application for _____ _____ Fire Company.

I understand and authorize a Criminal, Civil, and Motor Vehicle records check to be conducted in all states in which I have resided. All information received will be maintained confidential, but may become part of my personal file. The fire company may employ such persons it deems necessary to secure these records.

I hereby release and waive my rights regarding these records and authorize their recovery to _____Fire Company.

_____
Signature Date

_____
Company Officer Signature Print Name Date