



Please list three people who have known you for five years, preferably not relatives:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have your privileges to perform in any fire organization or EMS service ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_ . If yes, where, when and for what reason: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony or misdemeanor in the last three years? Yes \_\_\_\_ No \_\_\_\_ . If yes, when, where, what and final disposition: \_\_\_\_\_

\_\_\_\_\_

Have any judgments or settlements been made against you in professional liability cases, or are there any pending? Yes \_\_\_\_ No \_\_\_\_ . If yes, when, where, what, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of arson? Yes \_\_\_\_ No \_\_\_\_

Have you had a moving violation in the past three years? Yes \_\_\_\_ No \_\_\_\_ If yes, when, where, and final disposition: \_\_\_\_\_

\_\_\_\_\_



Have you ever used or sold illegal narcotics? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any health problems that may be a concern while engaging in training or actual live incidents that may affect your ability to perform your duties as a firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List any medications you are currently taking which could inhibit your ability to operate any department apparatus or prohibit you from performing your firefighting duties: \_\_\_\_\_

Will you give your permission for a Criminal Background Investigation and/or Pre-Membership Drug Test? Yes \_\_\_\_\_ No \_\_\_\_\_

I have completed all the information on this form and believe the information to be true and correct to the best of my knowledge. I authorize Greenwood Rural VFD to investigate and verify all information herein. I also authorize Greenwood Rural VFD to perform criminal and driving background checks. I have received a copy of Greenwood's By-Laws and Standard Operating Guidelines. I have read them and agree to comply with them. I understand that any falsification on this application will constitute reason for denial of this application or immediate removal from the department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Investigated By: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Interview with Membership Committee: \_\_\_\_\_

Officer Presiding at Membership Committee Interview: \_\_\_\_\_

If application is denied, reason for denial: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_ Assistant Chief: \_\_\_\_\_

If membership is denied, reason for denial: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_ Assistant Chief: \_\_\_\_\_



By-Laws, Standard Operating Guidelines and Probationary Training Handbook (if applicable) and Disciplinary/Corrections Actions presented to applicant.

Date: \_\_\_\_\_

Application presented and voted upon at meeting. Date: \_\_\_\_\_

Membership voted upon and: Accepted \_\_\_\_\_ Declined \_\_\_\_\_ Date: \_\_\_\_\_

Signatures: Chief \_\_\_\_\_ Secretary \_\_\_\_\_

I understand that if this application is approved, I will become a probationary firefighter with this department. I will be given six (6) months to complete the requirements of training as stated in the Probationary Training Handbook. I also agree to:

1. Obtain a Class B Exempt Driver License (if I do not currently hold one) within one year of membership.
2. Complete an Emergency Vehicle Driving Course within one year of membership.
3. Complete training and testing on all department vehicles.
4. Take a CPR/First –Aid Course within one year of membership.
5. Attend all regular business meetings (first Tuesday of each month) and training exercises ( second Monday of each month) unless excused from such.
6. Abide by the By-Laws and Standard Operating Guidelines of Greenwood Rural Volunteer Fire Department.
7. Return all Bunker Gear, Wildland Gear, Radio and Pager issued to me within ten (10) days should I leave Greenwood Rural VFD for any reason.

I agree to the above listed requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



