



# Cambridge Fire Department

271 W. Main Street  
 PO Box 79  
 Cambridge, WI 53523

608-423-2014  
 cambridgevfd@gmail.com  
 www.cambridgevfd.com

## Application for Membership

Membership Type		
<input type="checkbox"/> Firefighter (18 years or older)	<input type="checkbox"/> Auxilliary (18 years or older)	<input type="checkbox"/> Junior Firefighter
Personal Information		
Last Name:	First Name:	MI:
Date of Birth:	Social Security Number:	
Maiden Name:	Aliases	
Current Address:		
City:	State:	Zip:
Phone Number:	Driver's License Number:	
Experience (Please attach copies of all certificates)		
Do you have firefighting experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many years?
Are you currently a member of another fire department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously been a member of another fire department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to either of the two above questions, please provide the department name(s), chief(s), and contact information:		
Current Employer		
Company Name:	Location:	
Supervisor:	Phone number:	
If you work in the Cambridge Fire District, will your employer allow you to leave work for fire calls?		

**References**

Please provide three non-family references.

Name	Phone Number	Years Known

**Background Information**

Have you ever been convicted of a crime, including traffic violations?  Yes  No

If yes, please explain:


Have you ever had your driver's license revoked or suspended for any reason?  Yes  No

If yes, please explain:


Have you ever been suspended or terminated from any other fire department?  Yes  No

If yes, please explain:


**Vehicle Information**

Year	Make	Model	VIN

**Other information**

Please add any other information you would like us to know. Use the back of the application if needed.

--

## Understandings

Please initial each box. By doing so, you agree and understand the terms of membership with the Cambridge Fire Department. Any violation of these terms may result in suspension or termination.

I understand that my references will be called to gather information on myself to help determine suitability for membership in the Cambridge Fire Department.

I understand that I am subject to a criminal background check to help determine suitability for membership in the Cambridge Fire Department.

I understand that I am subject to a Department of Motor Vehicle Record check to help determine suitability for membership in the Cambridge Fire Department.

I understand that I am subject to a financial background check to determine suitability of handling money for fund-raising events.

I understand that if accepted for membership that I will receive property of the Cambridge Fire Department, and when terminating my membership the property will be due back to the Cambridge Fire Department within 10 days of termination or legal action will be taken.

I understand that if accepted for membership I will be required to participate in fund-raising events, including but not limited to selling tickets, fund raising events, and fund drives.

I understand that if accepted for membership as a firefighter I must participate in training sessions to ensure the safety of myself, fellow firefighters, and members of the community.

I understand that if accepted for membership I will be on a probationary period for one year, in which my membership may be terminated, by the board of directors, Chief and Assistant chiefs, or the president and membership, of the Cambridge fire department.

I understand that the Cambridge Fire Department does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age, or disability, or any reason at all.

I understand that if I fail to participate in the said activities and or respond to alarms, or remain absent from three continual meetings, without permission, my membership with the Cambridge Fire Department may be terminated.

I understand that being a member of the Cambridge Fire Department is a privilege, not a right, therefore I will obey all orders of the officers and I may be reprimanded for failing to do so.

I understand that if my application is rejected by the board of advisors, or the membership of the Cambridge Fire department for any reason I must wait 12 months before submitting another application.

Signature:

Date:

Guardian Signature (Junior FF):

Date:

**For Fire Department Office Use Only**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Investigating officers: \_\_\_\_\_

Date Criminal background check completed: \_\_\_\_\_

Date Financial background check completed: \_\_\_\_\_

Date Motor Vehicle check completed: \_\_\_\_\_

Comments from investigating officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do the Investigating officer and board of advisors accept this application?  Yes  No

Membership voting results:	Yes	No	Abstain
----------------------------	-----	----	---------

Date of vote: \_\_\_\_\_

Probation expires on: \_\_\_\_\_

Membership terminated on: \_\_\_\_\_

Eligible to reapply after 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Today's Date: _____
---	---------------------