



Membership Application

Richardsville Volunteer Fire Department and Rescue Squad, Inc.

Membership Type: <input type="checkbox"/> Active <input type="checkbox"/> Auxiliary <input type="checkbox"/> Junior			Date:	
Full Name:			Last 4 of SSN:	
Street Address:			Phone:	
City:	State:	Zip:	DOB:	
Email Address:			City/State of Birth:	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Information				
Name:			Relationship:	
Street Address:			Phone:	
City:	State:	Zip:		
Employment Information				
Current Employer (Company):		Name of Supervisor:		
Employer's Street Address:		Supervisor's Phone:		
City:	State:	Zip:	Length of Employment:	
Previous Fire/Rescue Experience				
Do you have previous experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List name(s) of previous department(s):		List certification(s) and expiration date(s):		

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Driving Record and Criminal History

Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No

Have you ever been convicted of any traffic violation (not including parking tickets)? ☐ Yes ☐ No

Have you even been convicted of any crimes? (misdemeanors and/or felonies) ☐ Yes ☐ No

Are you currently under any pending indictment or charge? ☐ Yes ☐ No

If you answered YES to any of the above questions, please explain:

Personal/Medical Information

Have you ever been denied membership to a fire/rescue department? ☐ Yes ☐ No

Have you ever been discharged or asked to resign from a fire/rescue department? ☐ Yes ☐ No

If you answered YES to any of the above questions, please explain:

Do you use any habit-forming controlled substances? ☐ Yes ☐ No

Do you habitually use alcohol? ☐ Yes ☐ No

Have you ever had, or presently have, any physical disability or other condition that this department should be aware of (such as, but not limited to, spinal problems, heart problems, history of seizures, etc.)? ☐ Yes ☐ No

Do you regularly take any medication prescribed by a physician? If so, please list them: ☐ Yes ☐ No

Are you presently under a doctor's care for any medical condition? If so, please explain: ☐ Yes ☐ No

Have you ever been, or are you presently, under a doctors care for any mental disorder or nervous condition? If so, please explain: ☐ Yes ☐ No

References *(list at least three other than family or employers)*

Name: Relationship:

Address: Phone:

Name: Relationship:

Address: Phone:

Name: Relationship:

Address: Phone:

Reason for Application

Briefly describe why you want to join the Richardsville Volunteer Fire Department and Rescue Squad, Inc.:

STATEMENT

I hereby certify and affirm that all of the provided information is true and correct to the best of my knowledge. I understand that knowingly providing any false information herewith will be grounds for rejection and/or termination. I understand that a background investigation will be conducted, and approval of this application is contingent upon the successful completion of the background check in addition to the approval of the membership at-large. If accepted, I hereby agree to abide by all bylaws, rules and regulations of the Richardsville Volunteer Fire Department and Rescue Squad, Inc.

Applicant Signature: _____