



Prospective Member,

We would like to take this opportunity to welcome you to the Rockport Volunteer Fire Department. Being a Volunteer FireFighter is a fun, yet challenging position. To help you on your way to becoming an operational member of the fire department, you will need to learn the skills of Fire Fighting.

To help you learn and develop these skills you will be mentored by the Officers and Senior Members of the Fire Department. You will also need to become familiar with the policies, procedures and training of the RVFD.

**You will first complete the Prospective Membership period over 3 consecutive training Thursdays**, during this time you should ensure your familiarity with the equipment, station and personnel of the RVFD. At the Business Meeting after 3 consecutive training Thursdays the membership will vote on your application.

If your Application is accepted by the membership you will enter the Probationary Membership period. This lasts a minimum of 6 months up to 2 years while you obtain adequate training to be a full member of the Fire Department. This does not mean that you will have to perform as an Interior FireFighter, Apparatus Operator, or other specific tasks. Although everyone trains, some individuals find certain tasks they are unable or unwilling to commit to. There is a place in the RVFD for individuals of all skill levels, abilities and attendance capability. If you are unable to meet the physical requirements or time commitments of the RVFD we may encourage participation through the Fire Corp.

Firefighters meet on Thursday nights at 7:30pm, generally beginning with truck/equipment checks around 6:30pm. For safety reasons we ask that you appropriate clothing to include; close toed shoes, and no tank-tops. If you cannot make it, please call the officers for an excused absence.

Again, Thank You for joining the Fire Department, we look forward to getting to know you as we all serve this community together.



## Membership Application

Application Date: \_\_\_\_\_ Name: \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address if different \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_

Sex: \_\_\_\_\_

Marital Status \_\_\_\_\_

Have you ever been convicted of a crime? YES NO

If you circled yes, please explain below (when, where, and why). Please note that ALL applications submitted to the RVFD administration may be subject to a criminal background check.

\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation? YES NO

*\*\*Please provide the RVFD with a copy of your current vehicle insurance with this application.\*\**

**CURRENT EMPLOYMENT STATUS:** EMPLOYED UNEMPLOYED DISABLED

Employer Information

Employer Name & Address	Phone Number	Hours/Days per Week

Do you have previous firefighting experience? YES NO

If you answered yes, please elaborate. Also please provide any certifications or awards.

Supervisor Name	Department	Rank/Roles	Phone Number

I certify that all information given in this application is true and correct, to the best of my knowledge. I also authorize the administration of the RVFD to consult any previous employer, references, and supervisors, as to confirm my character and capabilities. By signing this application I also authorize the RVFD to see criminal background information and/or driving history.

Print Name \_\_\_\_\_ Sign name \_\_\_\_\_



## Membership Application Health Form

Please fill out the following questionnaire in reference to your health history. This information is confidential and will only be viewed by the administrators of RVFD. The RVFD does not discriminate against applicants for health issues, but this information may be used in the event of an emergency.

ALLERGIES: \_\_\_\_\_

Medications you take on a regular basis (prescription or over the counter): \_\_\_\_\_

Previous or past medical history (including any surgeries): \_\_\_\_\_

Current or past injuries: \_\_\_\_\_

Have you ever been injured in a fire?    YES    NO  
Explain: \_\_\_\_\_

Have you ever been in a structure Fire?	YES	NO
Do you have a fear of dark or confined spaces?	YES	NO
Do you have a fear of heights?	YES	NO
Can you climb a ladder?	YES	NO

**OFFICE USE ONLY:**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Comments: \_\_\_\_\_

Background Check Completed	YES	NO	Date_____
Comments			

Prospective Member introduction	Date
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Voted to probationary Board	YES	NO	Date

Voted to Regular Board                      YES      NO      Date\_\_\_\_\_

Dismissed from Board in	GOOD	BAD	Date
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