



MEMBERSHIP APPLICATION

Application date: _____

Full legal name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Physical address (if different): _____

Phone: _____ Email: _____

Emergency contact: _____ Phone: _____

Date of birth: _____ Sex: _____ Marital status: _____

BACKGROUND & TRANSPORTATION

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain when, where, and why: _____

Applications may be subject to a criminal background check.

Do you have reliable transportation? ☐ Yes ☐ No

Please provide a copy of your current vehicle insurance with this application.

EMPLOYMENT

Current employment status: ☐ Employed ☐ Unemployed ☐ Disabled

Employer name and address: _____

Employer phone: _____ Hours/days per week: _____

PREVIOUS FIREFIGHTING EXPERIENCE

Do you have previous firefighting experience? ☐ Yes ☐ No *If yes, provide details and any applicable certifications or awards.*

Supervisor name / Department / Rank or role / Phone number: _____

CERTIFICATION & AUTHORIZATION

I certify that the information in this application is true and correct to the best of my knowledge. I authorize Rockport Volunteer Fire Department administration to contact previous employers, references, and supervisors to verify my character and capabilities and to review criminal background information and/or driving history.

Printed name: _____ Date: _____

Signature: _____

CONFIDENTIAL HEALTH FORM

Please complete the following health-history questionnaire. This information is confidential and is intended for review by RVFD administrators, including for use in an emergency. RVFD does not discriminate against applicants based on health issues.

ALLERGIES: _____

Medications taken regularly (prescription or over-the-counter): _____

Previous or past medical history (including surgeries): _____

Current or previous injuries: _____

Have you ever been injured in a fire? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been in a structure fire? ☐ Yes ☐ No

Do you have a fear of darkness 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: _____

Background check comments: _____

Prospective member introduction date: _____

Voted to probationary board: ☐ Yes ☐ No Date: _____

Voted to regular board: ☐ Yes ☐ No Date: _____

Dismissed from board: ☐ Good ☐ Bad Date: _____



ROCKPORT VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION

WELCOME & EXPECTATIONS

Dear Prospective Member,

Thank you for your interest in joining the RVFD. Since 1885, our department has served the community through neighbors who volunteer their time, skills, and energy to help others. Whether you have emergency services experience or are new to the fire service, we welcome your interest.

Membership means joining a team built on service, accountability, trust, and a willingness to learn. Our officers and experienced members will help you become familiar with departmental operations, policies, procedures, equipment, and training.

THE MEMBERSHIP PROCESS

1. Prospective Membership. Attend three consecutive Thursday training sessions to meet members and become familiar with our stations, equipment, and operations. At the business meeting following these three sessions, the membership will vote on your application.
2. Probationary Membership. If approved, you will enter a probationary period of at least six months and up to two years while completing appropriate training and demonstrating readiness for full membership.
3. Finding Your Role. Not everyone is expected to serve as an interior firefighter or apparatus operator. Members train, but responsibilities may vary according to ability and availability. Those unable to meet operational requirements or time commitments may participate through Fire Corps.

THURSDAY TRAINING & ATTENDANCE

Apparatus and equipment checks generally begin at 6:30 p.m. on Thursdays, with training at 7:30 p.m. Wear appropriate clothing, including closed-toe shoes; no tank tops. If you are unable to attend, contact a department officer to request an excused absence.

A TRADITION OF SERVICE

We recognize the demands of balancing volunteering with work and family. We appreciate your willingness to serve and look forward to getting to know you as we continue the department's tradition of helping our neighbors.

MEMBERSHIP QUESTIONS & ASSISTANCE

Andrew Gilchrist | Sergeant-at-Arms | 361-350-0400

Michael Melody | Sergeant-at-Arms | 575-551-1744