

Thank you for your interest in joining the Rudolph Volunteer Fire Department. We would like to provide you with a brief overview of the application process, what the Department will expect from you, and what you can expect from us.

Not all applications received are acted upon. Many factors go into the application process, and it is important that new members are able to commit to the requirements set forth by the Rudolph Volunteer Fire Department. Any person applying to the Rudolph Volunteer Fire Department will be subject to a background check. The Rudolph Volunteer Fire Department does not discriminate based on gender, religion, creed, race, or sexual orientation. Once your application is reviewed, you will participate in an informal interview process with the Interview Committee. The Department has minimum attendance requirements which will be outlined for you at your interview. We encourage you to make sure you can commit enough time to cover these requirements, as well as complete the required training. Once you have met with the Interview Committee, you will be asked to attend the next department business meeting to meet the members and answer any questions they may have. At the following monthly business meeting, the department members will then vote to bring you on to the department as a probationary member.

All new members will be required to serve a one-year probationary period. The probationary period will be used to evaluate your performance and commitment to the requirements of the department, as well as allow you to determine whether this commitment aligns with your family and work schedule. During this time, you will not be allowed to vote on department business matters. The probationary period may be extended to accommodate for additional time to complete the required training on a "case by case" basis. The first year after joining the department will most likely require the greatest commitment of your time. If you do not already have the training to be a firefighter or medical provider, you will be required to complete the State of Wisconsin mandated Entry Level Firefighter classes or medical training. Normally, these classes are offered once a week during the evening from 5:30 pm to 9:30 pm at various locations in the area, as well as occasional Saturdays. Mid-State Technical College offers these 60 hour firefighter classes in the spring and fall. The medical training is 70 hours in length and is offered in the spring and fall as well. Although one year may seem like a long time, it really is not that long. The department sets this period to help new members learn to manage their time as well as home and work schedules in order to make the process as convenient as possible.

The Rudolph Volunteer Fire Department also has monthly in-house training. The first Thursday of each month is Firefighter training which is normally offered at 9:30 AM and 6:30 PM. Medical training is the Second Thursday of the Month at 9:30 AM and 6:30 PM, and the monthly business meeting is the third Thursday at 7:00 PM. There can occasionally be training on other days which may include sessions with other neighboring departments or special training events. All members are required to attend as much training as possible to keep our skills sharp and provide members with any additional updated information.

Members of the Rudolph Volunteer Fire Department are volunteers and are not paid. There is a small stipend for EMS members for fuel reimbursement for personal vehicle use. We do have a points system in which a member can acquire points for calls and trainings, and then use those points to purchase various items. The Rudolph Volunteer Fire Department invests a great deal of time and money into new firefighters and medical personnel for your training, equipment, and continuing education. The average cost to outfit a member with turnout gear and to provide the minimum required training is over \$4,000 per person and increasing. Any additional training you may wish to take in the future is normally provided at no cost to you. The Department keeps all members active in various firefighting organizations/associations as well as providing Workers Compensation Insurance and Death Benefits.

We thank you for your interest in the Rudolph Volunteer Fire Department. We look forward to hearing from you.

APPLICATION FOR MEMBERSHIP
RUDOLPH VOLUNTEER FIRE DEPARTMENT, INC.

PERSONAL INFORMATION

NAME: _____
 First Middle Last

MAILING ADDRESS: _____
 Street Address or P.O. Box City State Zip Code

RESIDENCE ADDRESS, IF DIFFERENT: _____
 Street Address City State Zip Code

TOWN, VILLAGE, OR CITY OF RESIDENCE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ HOME PHONE: _____ CELL PHONE: _____

WHAT IS YOUR MAIN INTEREST? FIREFIGHTING: _____ EMS: _____

ARE YOU A U.S. CITIZEN OR A LEGAL RESIDENT OF THE U.S.? YES _____ NO _____

HAVE YOU EVER PLEADED GUILTY TO OR BEEN CONVICTED OF A MISDEMEANOR OR FELONY?

YES _____ NO _____

IF YES, PROVIDE FURTHER INFORMATION AS TO THE OFFENSE(S), DATE, LOCATION OF COURT, ETC.

(INCLUDE TRAFFIC CONVICTIONS). ATTACH ADDITIONAL SHEETS IF NECESSARY: _____

EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED (INCLUDING SELF-EMPLOYMENT)? YES _____ NO _____

IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF EMPLOYER: _____ WORK PHONE: _____

WORK ADDRESS: _____

OCCUPATION: _____ WORK HOURS: Steady Shift: _____ to _____

LENGTH OF EMPLOYMENT: _____ Swing Shift: _____ to _____

Other: _____

EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED: (please circle) 9 10 11 12 13 14 15 16 Other: _____

DO YOU HAVE A VALID WISCONSIN DRIVER'S LICENSE? YES _____ NO _____

IF YES, PLEASE PROVIDE YOUR DRIVER'S LICENSE NUMBER: _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)? YES _____ NO _____

HAVE YOU EVER DRIVEN A LARGE TRUCK? YES _____ NO _____

CAN YOU DRIVE A VEHICLE WITH A MANUAL TRANSMISSION? YES _____ NO _____

HAVE YOU EVER COMPLETED ANY OF THE FOLLOWING TRAINING:

Firefighter YES NO Year Completed: _____ Where: _____

First Responder YES NO Year Completed: _____ Where: _____

E.M.T. YES NO Year Completed: _____ Where: _____

Paramedic YES NO Year Completed: _____ Where: _____

CPR YES NO Year Completed: _____ Where: _____

OTHER: (please specify) _____

PLEASE LIST ANY OTHER EXPERIENCE OR EMPLOYMENT YOU HAVE HAD THAT WOULD BE BENEFICIAL TO YOU AND/OR THE DEPARTMENT; INCLUDING MILITARY SERVICE OR PREVIOUSLY BEING A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD, AMBULANCE SERVICE, ETC.

REFERENCES

PLEASE PROVIDE 3 REFERENCES (**PERSONS NOT RELATED TO YOU**)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS OR PROFESSION	YEARS ACQUAINTED
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

AUTHORIZATION, RELEASE AND CERTIFICATION

I UNDERSTAND THIS IS AN APPLICATION FOR MEMBERSHIP. IT IS NOT AN APPLICATION FOR EMPLOYMENT.

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS BY ME, OR MATERIAL OMISSIONS OF INFORMATION REQUESTED OF ME, MAY RESULT IN THE REJECTION OF MY APPLICATION, OR, IF A MEMBER, MY IMMEDIATE DISMISSAL FROM THE DEPARTMENT.

I HEREBY GIVE PERMISSION TO THE RUDOLPH VOLUNTEER FIRE DEPARTMENT, INC. TO SEEK TO VERIFY AND SUPPLEMENT THE INFORMATION SET FORTH IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY OR LEGAL CLAIMS EVERY PERSON SEEKING OR PROVIDING INFORMATION, WHETHER ORAL OR WRITTEN. A PHOTOCOPY OF THIS RELEASE SHALL BE AS VALID AS THE ORIGINAL, AND MAY BE RELIED UPON BY ALL PERSONS PROVIDING INFORMATION.

I SPECIFICALLY AUTHORIZE THE RUDOLPH VOLUNTEER FIRE DEPARTMENT, INC. TO CONDUCT CRIMINAL BACKGROUND AND DRIVER'S LICENSE INVESTIGATIONS, AND TO CONTACT THOSE INDIVIDUALS WHOM I HAVE LISTED AS REFERENCES.

I UNDERSTAND THAT ANY ORAL OR WRITTEN STATEMENTS WHICH I MAY CLAIM TO HAVE BEEN MADE TO ME NOW OR IN THE FUTURE INCONSISTENT WITH THE PROVISIONS OF THIS PARAGRAPH, ARE EXPRESSLY DISAVOWED AND REVOKED BY THE DEPARTMENT, AND SHOULD NOT BE RELIED UPON BY ME AS AN APPLICANT FOR MEMBERSHIP, OR AS A MEMBER, IF ACCEPTED.

I CERTIFY THAT I HAVE READ (OR HAVE HAD READ TO ME) AND UNDERSTAND THIS AUTHORIZATION, RELEASE AND CERTIFICATION.

APPLICANT'S SIGNATURE

APPLICANT'S NAME (PRINT OR TYPE)

DATE SIGNED