

ELEPHANT HEAD VOLUNTEER FIRE DEPARTMENT, INC.

PO Box 6385; Amado, AZ 84545

Fax: (520) 398-2064

MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION ON THIS FORM:

LAST NAME _____ FIRST NAME _____ MI _____

SSN: _____ DATE OF BIRTH _____ MALE _____ FEMALE _____

DRIVER'S LICENSE # _____

MAILING ADDRESS:

STREET NUMBER _____ BOX NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ WORK TELEPHONE _____

CELLULAR TELEPHONE _____ PAGER _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON: _____

(Name)

(Address)

(Telephone)

DO YOU HAVE ANY PREVIOUS FIRE-FIGHTER AND/OR EMERGENCY MEDICAL TRAINING?

YES _____ NO _____

IF YES, PLEASE INDICATE CERTIFICATES HELD, AGENCY GRANTING THE CERTIFICATE, AND THE APPROXIMATE DATE THAT YOU EARNED THE CERTIFICATIONS (ATTACH A COPY OF EACH CERTIFICACE FRONT AND BACK)

1. _____

2. _____

3. _____

4. _____

5. _____

ARE YOU INTERESTED IN RECEIVING FIRE-FIGHTER TRAINING? YES _____ NO _____

ARE YOU INTERESTED IN RECEIVING EMERGENCY MEDICAL TRAINING? YES _____ NO _____

ARE YOU INTERESTED IN BECOMING A MEMBER OF THE ELEPHANT HEAD VOLUNTEER FIRE DEPARTMENT IN SOME OTHER CAPACITY? YES _____ NO _____

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, IN WHAT CAPACITY WOULD YOU LIKE TO SERVE?

Once you have received information concerning the required initial training, continuous training requirements, fire academy information, and have had any questions answered; are you willing to devote the required amount of time necessary to help operate and staff the volunteer fire department? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF DRIVING A MOTOR VEHICLE WHILE INTOXICATED AND/OR WHILE UNDER THE INFLUENCE OF ANY DRUG? YES _____ NO _____

HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATION DURING THE PAST FIVE YEARS? YES _____ NO _____

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS CONCERNING FELONY AND/OR DRIVING CONVICTIONS/VIOLATIONS LISTED ABOVE, PLEASE EXPLAIN IN THE SPACE PROVIDED BELOW:

(include: type conviction, date of conviction, court of conviction, disposition of case, penalty, disposition of penalty)

I _____, understand that all information contained in this application will be kept confidential and is truthful. If I have answered yes to any of the questions concerning felony and/or driving convictions/violations, I understand that I will be required to explain the circumstances surrounding that answer to the Fire Chief and other Officers of the Department, before I can become a regular member of the Elephant Head Volunteer Fire Department. I understand that I may be required to provide court records and supporting documents concerning any felony and/or driving convictions/violations – at no cost to the Elephant Head Volunteer Fire Department. I further understand that my application for membership could be denied or my membership probation period could be extended, as a result of information requested, and provided, concerning my affirmative answer to any of the questions concerning felony or driving convictions/violations. I authorize the Elephant Head Volunteer Fire Department to obtain verification of any information provided in this application and hereby authorize any and all entities having such information to release requested information to the Elephant Head Volunteer Fire Department and its agents.

Printed Name _____

Signature & Date _____
(Signature) (Date)

FOR DEPARTMENT USE ONLY

I have reviewed this application and approve the applicant's request for membership: _____
(Fire Chief) (Date)

I have reviewed this application and approve the applicant's request for membership: _____
(Asst. Fire Chief) (Date)

This member was approved for membership by a majority vote of the active members on _____
(Date)