

Grafton Volunteer Fire Department, Inc.

Official Application for Membership

Date of Application: _____

Name: _____
last first middle initial

Address: _____
street town state zip

Home Phone: _____ Work Phone: _____

Areas of Interest: *(check all that apply)* Firefighter: EMT- First Responder:
 Administrative: Other:

If Other please explain: _____

Are you over 18 years of age: Yes No

Education

School Name	Location	Years Attended	Major or Degree

List areas of special study or research: _____

Fire Certification / License / Education:

Are you a certified Firefighter I in the State of Wisconsin? Yes No

Are you a certified as a Firefighter in another State? Yes State: _____

Are you certified as a First Responder? Yes No

Are you certified as an EMT - Basic? Yes No

Are you certified as an EMT - Intermediate? Yes No

Are you certified as an EMT - Paramedic? Yes No

Do you have any previous fire experience? Yes No

If yes please explain: _____

Employment History

Employer	Address & Phone	Dates	Supervisor	Reason for Leaving

Have you ever been convicted of a crime? Yes No

If yes please explain: _____

Are there any criminal charges pending against you at this time? Yes No

If yes please explain: _____

Physical Condition

Do you have any physical, mental or sensory health problems that would interfere with your ability to perform the tasks that normally would be associated with membership in this fire department?

Yes No If yes, please explain: _____

Do you consent to a physical exam to be conducted at a clinic of the departments choosing?

Yes No If yes, please explain: _____

Are you able to perform the following duties?

Wear a mask:	Yes	No
Climb a Ladder:	Yes	No
Engineering- Pump Operator:	Yes	No
Fire Inspection:	Yes	No

Have you read the job description, and are you able to perform all of the duties described of a firefighter and/or EMT?

Yes No If no, please explain: _____

List any special skills that you have that may be of help to the department.

Availability

What hours are you normally assigned by your employer? _____

What is your anticipated availability to respond to emergency calls?

Week Day Daytime Hours (*specify*): _____
Week Day Evening Hours (*specify*): _____
Weekend Daytime Hours (*specify*): _____
Weekend Evening Hours (*specify*): _____

Do you have other specified activities, commitments, obligations, or responsibilities that would hinder your ability to adhere to the Department's minimum performance/training standards?

Yes No If yes, please explain: _____

Statement of Responsibility

I understand that this application is based upon the truthfulness of my answers and that there exists no misrepresentation. I further acknowledge that any false information given shall be cause for rejection before acceptance or dismissal from the department after my appointment.

If accepted for membership, as a member, I fully understand that I will,

- Take and complete a prescribed course in fire fighting and/or EMS as directed by the department and become a certified firefighter and/or EMT.
- Attend a minimum of 16 rehearsals during each year beginning with the date of election as a probationary member.
- Attain active member status within one (1) year of the date of election as a probationary member or be dropped as a member.
- Successfully pass a physical examination and drug test as a condition of membership. I also understand that my refusal to complete the drug test or physical examination will preclude further consideration for membership.
- Agree to a background check conducted by the Grafton Police Department.
- Obey the orders of the Chief Officers and at emergency incidents those orders of the Incident Commander.
- Adhere to the department's rules, regulations, policies, procedures and the By-Laws of the Grafton Volunteer Fire Department, Inc.

Signature: _____ Date: _____

For Department Use Only

Signature: _____ Date of Interview: _____