



NEW CHESTER FIRE DEPARTMENT



Application for Membership

Return to:

NCFD
PO Box 64, 629 Mason St.
Grand Marsh, WI 53936

Note to Applicant: The information submitted in this application will be used solely to determine if you are suitable for active membership in the New Chester Volunteer Fire Dept. Your responses will be considered confidential except for the above stated purpose.

Please print or type your responses and complete all sections. Incomplete applications will not be acted upon.

THANK YOU for your application!

NAME:		
_____	_____	_____
First	Middle Initial	Last
<i>(If Applicable)</i> _____ / _____		
Maiden Name	Prior Married Name(s)	
DOB: _____	SS# _____	
Address: <i>(Include Street & Mailing Address if different)</i>		

_____	_____	_____
City	State	Zip Code
Telephone #'s:	Home: _____	
	Cell: _____	
	Work: _____	

Date Application Accepted: _____

Date Accepted for Membership: _____

Emergency Contact:

Name: _____

Relationship: _____

Address: _____
Street & Mailing

City State Zip Code

Telephone #'s: Home: _____

Cell: _____

Work: _____

Employment Status:

Name of Employer: _____

Address: _____
Street & Mailing

City State Zip Code

Occupation: _____

Would you be able to leave work for a fire emergency? _____ YES _____ NO

Emergency Availability:

What days of the week and during which hours would you be available to respond to emergencies?

From	To:	From	To:
Sunday: _____	Thursday: _____		
Monday: _____	Friday: _____		
Tuesday: _____	Saturday: _____		
Wednesday: _____			

Exceptions: _____

Special Training and/or Skills:

Have you ever been a member of any other fire dept.? _____ YES _____ NO

If so, give name & location of that dept.: _____

Dates of membership: _____ Rank: _____

Have you had firefighter training? _____ YES _____ NO

If so, type of training: _____

Are You an EMT? _____ YES _____ NO Certificate #: _____

Are You a First Responder? _____ YES _____ NO Certificate #: _____

List other skills, abilities or aptitudes you possess that may be of use to the NCFD, *such as mechanics, radios, truck driving, etc.* _____

Driving Record:

Driver's License #: _____ State: _____

Expiration Date: _____

Has Your Driver's License ever been revoked or suspended? _____ YES _____ NO

If so, explain: _____

Criminal History:

Excluding *minor* traffic violations, have you been convicted of violating any law, or are you currently involved as a defendant in a criminal proceeding? _____ YES _____ NO

If you answered yes, please write a *specific* explanation on the back of this page.

Medical Information:

Firefighting is inherently dangerous and physically demanding, requiring you to lift, carry, climb, crawl, stoop and bend along with other strenuous activities. Do you have any medical condition that would prevent you from performing such duties or that would be worsened by such? _____ YES _____ NO

Please state the nature of the condition(s): _____

(Use the back of this sheet, if necessary)

Medical Information *continued*:

Are you now, or have you ever been treated for any of the following conditions?

Condition	Yes	No		Condition	Yes	No
Foot problems				Frequent Cough		
Back Pain				Shortness of Breath		
Knee Problems				Spitting of Blood		
Other Joint Problems				Heart Trouble		
Diabetes				High Blood Pressure		
Epilepsy				Back Injury		
Rupture or Hernia				Pneumonia		
Chest pain				Fear of Heights		
Anemia				Obesity		

If you answered yes to any of the above, please write a detailed explanation on the back of this sheet or a separate attachment.

Are you taking medication on a daily basis? YES NO

If yes, list type(s) & dosage. _____

Do you use alcohol? YES NO

If so, how much & how often? _____

Have you ever missed work due to an injury or medical disability? YES NO

If yes, give complete details including mechanism of injury, duration & nature of the disability:

Do you use tobacco? YES NO If yes, how much? _____

Why do you want to become a member of the NCFD? _____

Affirmation: I pledge that the above information is completely accurate to the best of my knowledge. I understand that any misrepresentation will be cause for the rejection of my application for NCFD membership. I also understand that the NCFD may verify the information I have provided and I authorize such verification, including criminal & driving record checks.

 Signature

 Date

NCFD Application for Membership

Membership Committee Review of Application: The Membership Committee met on _____ to review the above application for membership in the NCFD & voted as follows:

		Circle One	
Fire Chief:	_____	Approve	Disapprove
Assistant Chief:	_____	Approve	Disapprove
Deputy Chief:	_____	Approve	Disapprove
EMR Director	_____	Approve	Disapprove
President:	_____	Approve	Disapprove
Vice President:	_____	Approve	Disapprove
Secretary:	_____	Approve	Disapprove
Treasurer:	_____	Approve	Disapprove

General Membership Vote on Application:

At a monthly membership meeting held on _____, members of the NCFD voted to _____ Accept _____ Reject this application.

Number of eligible members voting: _____

Votes Cast for Acceptance: _____ Votes Cast for Rejection: _____

Applicant notified of vote results on: _____ by _____
(date)

Membership Committee Review of Probationary Period:

The Membership Committee met on _____ to review the applicant's compliance during his/her probationary period and voted to:

_____ Extend the probationary period to _____ with further Committee review afterward.

_____ Approve the successful completion of the probationary period.
Date of Committee approval following an extension: _____

General Membership Vote on Acceptance of Membership:

At a monthly membership meeting held on _____, members of the NCFD voted to _____ Accept _____ Reject the applicant for active membership.

Number of eligible members voting: _____

Votes Cast for Acceptance: _____ Votes Cast for Rejection: _____

Applicant notified of vote results on: _____ by _____
(date)