

Amity Volunteer Fire Department Application for Membership

General Information

Name _____ SS# _____
Last First Middle

Mailing Address _____

Street Address, If different _____ Phone # _____

Date of Birth ____ / ____ / ____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Marital Status _____ Spouse's Name _____ # of Children _____ ODL # _____

Are You Related to a Member of the Dept? ____ Yes ____ No Referred By _____

Physical Record

Date of Last Physical Exam _____ Have You Ever Had a Major Injury ____ Yes ____ No

Details of Injury(s) _____

Physical Impairments: Hearing _____ Vision _____ Speech _____ Other _____

Known Diseases: Heart Disease _____ Epilepsy _____ Emphysema _____

Oregon Administrative Rule 437-151-015 states: The employer shall not permit an employee with known heart disease, epilepsy, or emphysema to participate in activities at the emergency scene unless a physician's certificate of the employees fitness to participate in such activities is provided. This shall not limit the employees ability to assign personnel to support activities (vs. fire suppression activities).

Work Loss Due to Illness in Last 2 Years _____

Length of Hospitalization in Last 2 Years _____

Education

Highest Grade Completed _____ Diploma or Degree _____ If College: Major _____

Name and Address of School _____

List any Firefighting or First Aid Experience or Training _____

Any Hobbies or Activities _____

Employment History

List below you last four (4) employers, starting with present or most recent.

From	To	Employer Name, Address & Phone	Reason for Leaving

References

Give the names of three people, not related to you, whom you have known over one year.

Name	Address	Phone	Business	Years Known

Briefly explain why you would like to become a member of the Amity Volunteer Fire Department.

By signing below, I understand that I authorize investigation of all information contained in this application and I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

Signature _____ Date _____

This Section For Office Use Only

Interviewed By _____ Date _____

Remarks _____

Two Months Probation By Officers: Date _____ Passed Failed

Four Months Probation By Members: Date _____ Passed Failed

Permanent Membership by Members: Date _____ Passed Failed