



EDDY COUNTY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

Application for: _____ Fire Department

Name: _____ Phone: _____

Home Address: _____

Employer: _____ Occupation: _____

Employer Address: _____

Firefighting involves a stressful work environment where an individual is subject to extremes in temperatures and life threatening situations. The following abilities are **EXPECTED** of members of the volunteer fire department; please indicate if you are able to perform the duties listed:

- Lift equipment weighing fifty- (50) pounds, and carry for a distance of one hundred (100) feet. _____
- Walk, kneel, stand, and crawl while wearing bunker gear and SCBA. _____
- Perform tasks in extreme temperatures, while wearing protective equipment. _____
- Listen to, understand, and carry out orders in emergency situations. _____
- Function within a wide range of unregulated environmental conditions. _____
- You are not required to disclose information about your physical or mental limitations that you believe will not interfere with capability to perform the duties of a firefighter, yet if you wish for the department to consider special arrangements to accommodate a physical or mental impairment, please identify that impairment and furnish suggestions for appropriate accommodations in the space provided.

List any previous firefighting or related experience: _____

List the name and phone numbers of three References:

Are currently a member of any other fire department? _____

Are you a resident of or employed with in the fire district to which you are applying for membership? _____

Are you willing to respond to fires, attend department meetings, trainings, and drills? _____

I, _____, do hear by swear that the above listing information is true and correct.

Signature: _____ Date: _____

