

# 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.

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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 \_\_\_\_\_

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**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