RIO ARRIBA COUNTY
VOLUNTEER
FIRE DEPARTMENT

MEMBERSHIP APPLICATION

1122 INDUSTRIAL PARK ROAD
ESPAÑOLA, NM 87532
Business Phone: (505) 747–6367

Applying For Position In:  ( ) Firefighter  ( ) Non Firefighting
Support Service Division

1. Name: ____________________________________________________________
   (Last) (First) (Middle)

2. Address: _________________________________________________________
   (PO Box) (City) (State) (Zip)

3. Physical Address: _________________________________________________
   (Street) (City) (State) (Zip)

4. Phone: (Home) _____________________ (Business)______________________

5. Birth Date: _______________ Age:__________ Place of Birth: ____________

6. Height: FT._____ IN._____ Weight: _______ U.S. Citizen: Yes___ No___

7. Do you have any disabilities or health problems which would participation as a
   firefighter/EMS? (If yes, list)
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

8. Health: (Circle) Excellent Good Fair Poor

9. Do you have any pre-existing conditions which would prevent you from completing or
   participating in duties which may be assigned to you as firefighter?
   Yes_____________ No_____________   
   If your answer is “yes” would you explain these conditions?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

10. Emergency Contact: ________________________________________________

11. Spouse’s Name, If Married: __________________________________________

12. Highest Form of Education Completed: _________________________________

13. Present Employer: __________________________________________________
    Address: __________________________________________________________________
14. **References:** May the fire department contact your present employer or any of the organization or references which you have listed to ask questions regarding your character or abilities. (List three people who are not related to you by blood or marriage who are familiar with your education or work experience)

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15. **Have you ever been a member of a Fire Department, Rescue Squad, or similar organization?**

   _______ YES   _______ NO

Name and address of organization:

__________________________________________________________________________

Date of Service: _______________       Position Held: _______________

Reason For Leaving: _________________________________________________________

List all related training you complete: _______________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
16. This application represents a serious commitment to the fire service and community. State why you wish to join this department, what the department can gain from you membership.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

17. Have you ever been arrested, summoned into court as a defendant or indicted, convicted, imprisoned, or placed on probation, or has any criminal case been filed against you? ________YES ________NO

(If yes, explain)

___________________________________________________________________________

___________________________________________________________________________

18. Have you been involved in a vehicle accident where you were the driver, within the last five years? ________YES ________NO

(If yes, explain)

___________________________________________________________________________

___________________________________________________________________________

Driver’s License No: ___________ State: ________ Expiration Date: ________
TO WHOM IT MAY CONCERN:

Having made application to Rio Arriba County, it is my understanding that an investigation of my background will be conducted in connection with this application. It is further understood that an adverse history brought to light by any such investigation may be cause for disqualification or dismissal upon consideration of the facts by Fire Department or by any officers appointed by them to act in their behalf.

I, __________________________________________ do hereby give the officials of Rio Arriba County the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by this organization pertaining to my work history, medical history, character, honesty, and general qualifications of fitness.

And I am providing the following information to facilitate this process:

• Copy of Driver’s License

If you are accepted as a volunteer with Rio Arriba County Fire Department, such an appointment is tentative and for a 6 month probationary period.

I hereby certify that there are no willful misrepresentations or omission of facts of the above statement and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected.

___________________________________________
Applicant’s Signature

___________________________________________
Date
Date Application Received: ________________________________

Name of Mentor: ________________________________

Date Interviewed: ________________________________

Interviewed By: ______________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Comments: ____________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Date of Fire Department Membership Approval for Membership: ____________

Date of Rio Arriba County Fire Marshal Approval/Disapproval (Refer to background document review): ________________________________

** Assigned Mentor: ________________________________

** Copy to District fire department files

** Copy to County Fire Marshal.

** Final Determination of membership will be made at the end of the probationary period. The local fire chief & County Fire Marshal will have final signature authority for membership.

*** PERA membership is determined by County bylaws.