

Madrid Volunteer Fire Department – Madrid, IA 50156

VOLUNTEER FIREFIGHTER APPLICATION FORM



Please provide the information listed below.

Name (Last, First, Middle Initial)	
Date of Birth	
SSN	
Address (including City, State, Zip)	
Phone Number(s)	Home: _____ Work: _____ Cell: _____
Email Address	
Marital Status	
Spouse's Name (if applicable)	
Number of Dependents (if applicable)	
Current Employer (Name/Address)	
Time at Present Job (years/months)	
Are you willing to respond to Fire Calls, Rescue Calls or Both?	Fire Calls Rescue Calls Both
Do you have a valid driver's license?	Yes No DL# _____ State _____

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Have you ever been convicted of a felony? If yes, please explain.	Yes No If yes, explain: _____ _____ _____
Have you ever been convicted of an OWI or DUI? If yes, please provide date(s).	Yes No Date(s): _____
Do you have any medical conditions that would prevent you from doing the physically demanding work of fire-fighting?	Yes No If yes, explain: _____ _____ _____
Are you willing to take a physical exam?	Yes No Allergies: _____ Date of Last Tetanus Shot: _____
Do you have a vehicle that you can drive to training sessions and to emergencies?	Yes No
Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities?	Yes No
Do you have health insurance coverage?	Yes No
Do we have your permission to run a background check?	Yes No
Are you willing to submit to a drug screen?	Yes No
Are you able to drag 50 lbs of dead weight for 100 feet?	Yes No
In case of emergency, please notify:	Name: _____ Relationship: _____ Phone Number: _____

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EXPERIENCE:

Military Experience None	Branch	Highest Rank	Dates	Assignment
Fire/Rescue Experience None	Department	City/State	Highest Rank	Dates
EMS Training None	EMR	EMT	EMT Advanced	Paramedic

List all other training, hobbies, etc. that you may be able to use in the fire service: _____

AVAILABILITY:

Available Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat
6:00am to Noon							
Noon to 6:00pm							
6:00pm to Midnight							
Midnight to 6:00am							

As a member of the Madrid Fire Department, you will be required to attend and participate in Fires, Rescues, Drills, Meetings and Work on Committees unless otherwise directed.

- Yes, I understand.
- I need clarification or have concerns with this requirement. _____

REFERENCES:

Name	Address	Phone Number

The officers of the Madrid Fire Department will recommend this application for membership at the next regular business meeting.

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department.

Applicant Signature: _____ Date: _____

Fire Chief Signature: _____ Date: _____

President Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____