

Ridgeway Volunteer Fire Department, Inc.
Application for Membership

- Name _____
- Address _____
- Occupation _____
- Employer _____
- DOB _____ SS # _____
- Home Phone # _____ DL # _____
- Work Phone # _____ Cell# _____
- Signed _____
- Date _____

Applicant will be on probation for one (1) year.

Medical Statement of Personnel

- Do you have any vision problems or impairments?
- Do you have any hearing difficulties?
- Are you diabetic?
- Do you have any heart problems or ailments?
- Have you ever been treated for epilepsy?
- Do you have high blood pressure?
- Have you ever been treated for alcohol abuse?
If yes, please explain?
- Have you ever been treated for mental illness?

- Have you ever been treated for any other physical or mental condition not previously stated?
- Are you currently on any medications that may affect your ability to operate a motor vehicle?
- Are you currently or have you ever been treated for drug abuse?
- Are you currently under the care of a physician?
- When and for what purpose did you last consult your doctor?
- When was your last physical exam?
- Have you ever been a member of a Fire, First Response or EMS service?
If so, please list the name of the service and a contact name.
- Do we have permission to contact the person listed above?
- Full name, address and phone number of your personal physician

Physicians Name _____

Address _____

Phone Number _____

Drivers Record Information

- Are there any restrictions on your driver's license?
If yes, what is the restriction?
- Have you ever been convicted of a felony?
If yes, please explain.
- Have you ever been convicted of a misdemeanor?
If yes, please explain.

References

Name/Relationship/Phone # _____

Name/Relationship/Phone # _____

Name/Relationship/Phone # _____

Authorization for Release of Information

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give the Ridgeway Volunteer Fire Department, Inc. any such information."

"I hereby authorize the Ridgeway Volunteer Fire Department, Inc. permission to run a background check on me for any driving or criminal activity."

Signature of person named above

Date

Any false information is grounds for disqualification.