

# ROSLYN FIRE DEPARTMENT

Post Office Box 451  
Roslyn, Washington 98941

## VOLUNTEER FIREFIGHTER MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Drivers License# \_\_\_\_\_ CDL# \_\_\_\_\_

Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Will you be able to respond to calls during work hours? \_\_\_\_\_

Current medical certifications (First Aid, CPR Card etc.)? \_\_\_\_\_

Prior work experience which will be helpful to this department?  
\_\_\_\_\_

Are you in good health? \_\_\_\_\_  
Fitness for duty clearance is required, which must be signed by a Physician

Have you ever been convicted of a driving offense? Yes\_\_ No\_\_

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_ No\_\_

In case of emergency whom should we notify?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Washington State Law requires that all firefighters be certified in CPR and First Aid. All firefighters are required to acquire and maintain basic firefighting skill levels. Failure to acquire and maintain the necessary skills and certifications after a reasonable time when provided sufficient opportunities will be reason for termination of your membership. Failure to respond to training and emergency calls for assistance without compelling justification will be cause for termination of your membership.

Your signature below certifies your understanding of the above conditions and to the truth of your answers throughout this application.

\_\_\_\_\_ Date \_\_\_\_\_