

APPLICATION FOR MEMBERSHIP

Belle Fourche Volunteer Fire Department (BFVFD)

Name (Last) _____ (First) _____ (Middle) _____
Address (Street) _____ (City) _____ (State) _____ (Zip) _____
Phone No. (Home) _____ Cell No. _____ Work No. _____
Date of Birth _____ e-mail address _____
Driver's License No. _____ Occupation _____
Hours available _____ Can you leave work? Yes ___ No ___
Allergies (food/other) _____
Have you been convicted of a felony in the past 10 years? Yes ___ No ___.

Are you in good physical health and able to perform the physical duties which will be required of you as a firefighter? Yes ___ No ___. If no, please explain: _____

Due to the significant time commitment required for training, and to ensure the safety of the BFVFD members, no person may be a member of the BFVFD while affiliated with, a member of, or officer of, another emergency service or law enforcement agency, unless employed by such, or until he/she has served as a member of the BFVFD for a period of two (2) consecutive years.

If your application is accepted, you will be placed on probation for eight (8) months. At the end of your probationary period the BFVFD has three options: Option 1 – full member; option 2 – additional three (3) months' probation; option 3 – rejection.

I understand that any equipment that the BFVFD may investigate my fitness for the BFVFD, any statements that I have made, and my background. I authorize the BFVFD to do so.

I understand that any equipment issued to me during my service on the BFVFD is department property and upon the termination of my service, all equipment and apparel shall be returned to the BFVFD within Ten (10) days or the BFVFD shall have full legal right to pursue restitution.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any and all doctors, physicians, chiropractors, hospitals, clinics, and/or other practitioners or the healing arts to release to BFVFD copies of any and all medical records, documents, and/or other items in their possession or control which relate or pertain to me. I further authorize any present my present and former employers, any educational institutions, and any individuals I have identified as reference to release and/or disclose any and all information in their possession which relates or pertains to me to the BFVFD, and hereby release said parties from any and all liability for providing and such information.

NOTE: A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

By signing below, I certify that the information contained in this application is true and complete. I further understand that any misrepresentation or willful omission of facts will be cause for my immediate dismissal.

Applicant's signature: _____ Date: _____
Application received by: _____ Date: _____
Interviewed by Lieutenants on (Date): _____ Moved to BOD: Yes ___ No ___
Reviewed by BOD on (Date): _____ Moved to General: Yes ___ No ___
Reviewed at General on (Date): _____ Accepted: Yes ___ No ___
If yes, Company assigned to: _____