

## TONOPAHO VOLUNTEER FIRE DEPARTMENT

### Application for Membership

#### Personal Statistics

Name			
Soc. Security No.			
Date of Birth			
Place of Birth			
Height & Weight			
Marital Status			
Current NV Drivers Lic.	No.:	Class/Type:	Endorsements:
Current Employer:			
Occupation:			

#### Addresses:

Physical Address			
Mailing Address			
Employer's Address			
Employer's Mailing Add.			
Email Address			

#### Telephone Numbers and Emergency Contact

Home			
Business			
Emergency Contact	Name:	Telephone No.:	

Residence: List your residences for the last 5 years beginning with your current address

Physical Address	Dates occupied

References: List two local references – not fire department members

Name	Address & Telephone Number

TONOPAHA VOLUNTEER FIRE DEPARTMENT

General Questions:

What hours do you work? Days?	
To answer a fire call, will you be able to leave work or business?	
Do you have any current or past state industrial medical claims? If yes, please explain.	
Do you have any physical ailments or medical condition that may affect your performance as a firefighter? If yes, please explain. Firefighting is an ultra-hazardous job requiring high physical exertion. Must pass medical physical!	
Do you have any hobbies, skills or previous firefighting or EMS experience or licenses? If yes, please explain or list.	
Are you willing to abide by the Tonopah Volunteer Fire Department Constitution and by-laws, to include written and verbal orders of its officers?	
Have you read the Constitution and by-laws of the TVFD?	
Can you regularly attend 3 Tuesday meetings per month?	
Do you feel you are emotionally and physically ready for this commitment? Have you discussed this with your family?	

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PROPOSER: \_\_\_\_\_

DATE: \_\_\_\_\_

For Department Use:

**Recommendation of Executive Committee:**

Favorable             Unfavorable

Signatures of endorsement:

Fire Chief \_\_\_\_\_ Vol. Vice

President \_\_\_\_\_

Vol. President \_\_\_\_\_

Secretary \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

**Executive Committee Report:**

The above recommendation by the Executive Committee is hereby recorded on

\_\_\_\_\_ by TVFD Secretary \_\_\_\_\_

Membership Action:

Accepted             Rejected

The above final action by the voting membership according to the Constitution and by-laws is hereby recorded on \_\_\_\_\_ by TVFD

Secretary \_\_\_\_\_