



# Rocky Ford Fire and Rescue Department

## Membership Application

Submitted: \_\_\_\_\_ First Reading: \_\_\_\_\_ Second Reading: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) (719) \_\_\_\_\_ - \_\_\_\_\_ (W) (719) \_\_\_\_\_ - \_\_\_\_\_ Pager: ( ) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Education: High School Diploma/GED \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you know anyone on the department? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, whom and what is the relationship? \_\_\_\_\_

Do you have experience in fire operations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

Do you have experience in EMS operations? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Are you interested in \_\_\_\_\_ Fire \_\_\_\_\_ EMS \_\_\_\_\_ Both

Do you have a current license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been charged with a felony? \_\_\_\_\_ yes \_\_\_\_\_ No

If yes, were you convicted? \_\_\_\_\_ yes \_\_\_\_\_ No

### Medical:

Would you describe your health as \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair

Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list \_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_

If within a year, can a copy be provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you agree to a Department of Transportation Physical Exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

In case of an emergency who would you like contacted?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) ( ) \_\_\_\_\_ - \_\_\_\_\_

(W) ( ) \_\_\_\_\_ - \_\_\_\_\_

Applicant Signature: \_\_\_\_\_