



Application for Membership

Applicant Information			
Full Name:			
I am applying for:	<input type="checkbox"/> Fire	<input type="checkbox"/> EMS-EMR	<input type="checkbox"/> EMS-EMT <input type="checkbox"/> EMS Driver Only
Contact Information			
Physical Address:			
Mailing Address:			
Email Address:			
Mobile Phone:		Mobile Provider:	
Personal Information			
Date of Birth:		City/State of Birth:	
Social Security #:			
Driving License #:			State:
<p>By submitting this application you give your express consent that Long Lake Fire EMS may obtain background information about you from consumer reporting agencies, law enforcement, and other sources (a "background check") for volunteering purposes that affect Long Lake Fire EMS. The scope of the report may include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation record, education, credentials, identity, past addresses, social security number, citizenship, previous organizations, and personal references.</p>			
List All Training and References			
Completed Fire Classes / Certs: <i>(please provide cert #'s)</i>	<input type="checkbox"/> Entry Level (A+B) <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> HazMat Ops <i>Other:</i>		
Completed EMS Classes / Certs: <i>(please provide cert #'s)</i>	<input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> PARA <input type="checkbox"/> CCP <input type="checkbox"/> RN <i>Other:</i>		
References:			

Restrictions and Availability	
List any Physical or Medical Restrictions:	
Typical Work Schedule:	

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<p>By signing the above application I hereby declare that the information presented in it is true and correct, that I have been given and have read the Bylaws of the Department and agree to abide by them, and that I understand that my membership may be terminated if I fail to follow them as stated. I agree that at the earliest time within one year of making application for membership I will obtain the minimum training required by the Department by completing the fire and/or EMS classes appropriate for this purpose.</p>			
Signed:		Dated:	

Personnel and Equipment Record			
Date Joined Dept:		Assigned Dept #:	
Radio Serial #:		Pager Serial #:	
Helmet / Light:		Hood:	
Coat:		Gloves:	
WL Shirt:		Handlight:	
FF / WL Pants:		ID Badge:	
FF / WL Boots:			
Safety Vest:		Other (List):	
		Date Left Dept:	

Receipt / Use of Department Property Acknowledgement			
<p>By signing below I declare that I have been issued the above gear which remains the property of the Department at all times. I understand that it is my responsibility to exercise proper care for the gear issued to me and to notify the Department in a timely manner of any item needing repair or replacement. I agree that when I am no longer an active member of this Department due to dismissal, resignation, retirement, or for any other reason, I will return to the Department all gear issued to me, or make monetary reimbursement to the Department for the replacement cost of any missing/damaged gear.</p>			
Signed:		Dated:	