

NEWALLA FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP

DATE _____

NAME: _____

ADDRESS: _____
Last First Middle

Street City/Town State Zip

S.S. No. _____

CELLULAR TELEPHONE: _____ E-MAIL ADDRESS: _____

TELEPHONE: _____ (HOME) _____ (WORK)

PLACE OF EMPLOYMENT/SUPERVISOR: _____ /

EMPLOYMENT ADDRESS/TELE. NO.: _____ /

HOW LONG EMPLOYED? _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MARITAL STATUS: _____

SPOUSE'S NAME: _____

SPOUSE'S PLACE OF EMPLOYMENT: _____

SPOUSE'S EMPLOYMENT ADDRESS: _____

TELEPHONE: _____

OKLAHOMA DRIVER'S LICENSE NO.: _____ NO. OF TRAFFIC CITATIONS IN LAST YEAR _____

HAVE YOU EVER BEEN ARRESTED?: YES/NO

IF SO, EXPLAIN: _____

HEALTH:

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____
BLOOD TYPE _____ DATE OF LAST PHYSICAL EXAM _____ HEALTH CONDITION _____

BLOOD PRESSURE ____ / ____ DO YOU HAVE A HISTORY OF THE FOLLOWING: (If yes, circle) ASTHMA, LUNG PROBLEMS, HAY FEVER, EPILEPSY, ULCERS, DIABETES, HEART DISEASE, KNEE PROBLEMS, BACK PROBLEMS, ANY TYPE OF DISABILITY. IF YES TO ANY OF THE ABOVE, EXPLAIN:

DO YOU HAVE A FEAR OF HEIGHTS? YES/NO DO YOU HAVE CLAUSTROPHOBIA? YES/NO
LIST ANY PHYSICAL LIMITATIONS OR RESTRICTIONS:

LIST ANY DUTIES OR ACTIVITIES RELATED TO FIREFIGHTING OR MEDICAL CALLS WHICH YOU WOULD BE RESTRICTED FROM PERFORMING:

EDUCATION:

HIGH SCHOOL ATTENDED: _____ GRADE
COMPLETED: _____ YEAR COMPLETED HIGH SCHOOL? _____ COLLEGE?
TECH SCHOOL? _____ OTHER EDUCATION: TYPE
WHERE? _____ YEAR COMPLETED: _____

HAVE YOU EVER APPLIED TO BE A MEMBER OF ANOTHER FIRE DEPARTMENT AND WERE TURNED
DOWN?: YES/NO IF YES, GIVE NAME OF FIRE DEPARTMENT:

HAVE YOU EVER BEEN A MEMBER OF ANOTHER VOLUNTEER FIRE DEPARTMENT?: YES/NO IF YES,
GIVE LOCATION AND NUMBER OF YEARS SERVED:

DO YOU HAVE ANY OTHER EXPERIENCE THAT YOU THINK MIGHT BE OF BENEFIT TO THIS
DEPARTMENT, SUCH AS MAP MAKING, ARTISTIC ABILITY, MECHANICAL ABILITY, ETC.?

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____

ADDRESS _____

TELEPHONE _____

NAME OF EMPLOYER: _____

NAME _____

ADDRESS _____

TELEPHONE _____

NAME OF EMPLOYER: _____

**REFERENCES LIVING IN THE NEWALLA AREA WHO ARE NOT RELATIVES AND WITH WHOM YOU ARE
PERSONALLY ACQUAINTED:**

NAME _____

ADDRESS _____

TELEPHONE _____

NAME OF EMPLOYER: _____

NAME _____

ADDRESS _____

TELEPHONE _____

NAME OF EMPLOYER: _____

MISCELLANEOUS:

LIST PERIODS OF TIME WHEN YOU NORMALLY COULD **NOT** RESPOND TO AN EMERGENCY CALL:

WOULD YOU BE WILLING TO TAKE FIREFIGHTING TRAINING AND EQUIPMENT OPERATION TRAINING?
_____ YES _____ NO

WOULD YOU NORMALLY BE AVAILABLE FOR MONTHLY FIRE DEPARTMENT MEETINGS?
_____ YES _____ NO

WOULD YOU BE WILLING TO DRIVE A FIRE TRUCK ON A FIRE CALL AFTER THE PROBATION PERIOD HAS ENDED AND YOU HAVE RECEIVED TRAINING? _____ YES _____ NO

WOULD YOU BE WILLING TO SERVE A 1 YEAR PROBATION PERIOD BEFORE BEING ACCEPTED AS A MEMBER OF THIS DEPARTMENT? _____ YES _____ NO

ARE YOU WILLING TO ABIDE BY THE RULES, REGULATIONS, AND BYLAWS GOVERNING THE NEWALLA FIRE DEPARTMENT? _____ YES _____ NO

WOULD YOU BE WILLING TO SUPPORT, BY PRIOR ARRANGEMENT, ROTATING SHIFTS OR WEEKENDS?
YES _____ NO

WOULD YOU BE WILLING TO NOTIFY THE FIRE CHIEF OR THE OFFICER IN CHARGE WHEN YOU WOULD BE UNAVAILABLE FOR AN EXTENDED PERIOD OF TIME (IN EXCESS OF 24 HOURS) FOR DUTY?
_____ YES _____ NO

WOULD YOU BE WILLING TO FOLLOW ALL REASONABLE ORDERS ISSUED BY THE OFFICERS OF THIS DEPARTMENT? _____ YES _____ NO

WOULD YOU OBJECT TO THIS DEPARTMENT CONDUCTING A BACKGROUND CHECK ON YOU USING THE INFORMATION GIVEN IN THIS APPLICATION? _____ YES _____ NO

DO YOU AGREE TO COMPLETE THE NATIONAL INCIDENT MANAGEMENT SYSTEM MODULES: IS-100, IS-200, AND IS-700 (located at <http://training.fema.gov/IS/crslst.asp>) WITHIN THE FIRST 3 MONTHS OF YOUR MEMBERSHIP WITH THE NEWALLA FIRE DEPARTMENT? _____ YES _____ NO

I HAVE ANSWERED THE QUESTIONS CONTAINED IN THIS APPLICATION FOR MEMBERSHIP TO THE BEST OF MY ABILITY AND UNDERSTAND THAT SUCH INFORMATION AS I HAVE GIVEN MAY BE SUBJECT TO INVESTIGATION BY THE FIRE CHIEF OF THE DEPARTMENT OR OTHER OFFICERS AS DEEMED NECESSARY.

SIGNED: _____
APPLICANT

SIGNED: _____
NEWALLA FIRE CHIEF

DATE: _____

DATE: _____

INFECTION CONTROL

HEPATITIS "B" IMMUNIZATION

I understand that I have not been immunized for Hepatitis "B" virus and that I am forbidden from taking part in any activity that might bring me in contact with blood or any other infectious materials while I am on duty with the Newalla Fire Department.

Applicant's Name (print or type) Date

Applicant's signature

Witness Signature

INFECTION CONTROL

HEPATITIS "B" IMMUNIZATION

I have been immunized for Hepatitis "B" virus.

Applicant's Name (print or type) Date

Applicant's signature

Witness Signature