

City of Dunnellon Volunteer Fire / Rescue Department



Membership Application

Firefighter [] Associate [] Auxiliary []

Date: ____ / ____ / ____

Name: _____
 Last First Middle

Address: _____
 Street City State Zip

Phone: (____) - ____ - ____ Work: (____) - ____ - ____ Pager: (____) - ____ - ____

Date of Birth: ____ / ____ / ____ SSN: _____ - ____ - ____

Drivers License #: _____ - ____ - ____ State: _____

Have you ever been convicted of a felony or misdemeanor: _____

If yes, Explain: _____

Any previous fire fighting experience: _____

References: (Not related)

	Name	Address	City/State	Phone
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

The Dunnellon Volunteer Fire / Rescue Department is an equal opportunity volunteer agency and has a diverse membership where all applicants are welcome but we must be made aware of any diagnosed and/or medical problems.

Date of last physical: _____ Physician: _____

Results or Defects: _____

If yes to last question, please explain on attached medical form. This form will be kept separate from your application and retained in a medical file. In the event you should become incapacitated, caregivers would be given the information. Only the fire chief and designated staff will have access to your medical file.

By signing this application, you give Dunnellon Fire / Rescue Department permission to do a DL and criminal background check. Also, if voted in by membership, you will abide by the Standard Operating Guidelines set forth by the Department. You also understand you may be held accountable for actions to be found inappropriate or in violation of the S.O.G.'s

Signature

Date

City of Dunnellon Volunteer Fire / Rescue Department



Medical Information



Current Medications: _____

Any Known Allergies: _____

Past Medical History: _____

Blood Type: (if known) _____

Local Doctor: _____

Phone: _____

Hospital you would like to go to: _____

In Case of Emergency, Please Contact:

Name: _____

Relation: _____

Phone: _____

Work Phone: _____