



# APPLICATION FOR VOLUNTEER FIRE COMPANY MEMBERSHIP

\_\_\_\_\_ Volunteer Fire Company No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle \*Age Telephone

Mailing Address: \_\_\_\_\_  
Street or Box No. City State Zip

Residence Address: \_\_\_\_\_  
Street Address City State Zip

Date of Birth \_\_\_\_\_ CDL Class \_\_\_\_\_ Exp. Date \_\_\_\_\_ Last 4 of your SSN \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ City State Zip Telephone \_\_\_\_\_

### Emergency Information:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Box No. City State Zip

**References:** List two references of local residents within the community in which the volunteer company is located.

1. \_\_\_\_\_  
Name Address City State Telephone

2. \_\_\_\_\_  
Name Address City State Telephone

### Name of Relative Not Living With You:

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

To your knowledge, do you have any physical or mental defects which would prevent you from fully and safely performing the duties of a volunteer firefighter? Yes No

Have you ever been convicted of an offense, served a jail sentence, or paid a traffic fine in excess of \$25.00? If yes, please explain.  
Yes No \_\_\_\_\_

All written and expressed statements on this application are in fact true to the best of my knowledge. I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, bylaws of this volunteer fire company and the Riverside County Fire Department.

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or promise of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

*\*verification only upon acceptance*

VFC Acceptance Date \_\_\_\_\_

VFC Officer Signature \_\_\_\_\_

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

\_\_\_\_\_ Date

*If you have been a member of a volunteer fire company, indicate the station number and the reason for leaving:* \_\_\_\_\_