

Application For Membership
In The Ripon Volunteer Firemen's Association

Name _____ PHONE # _____
ADDRESS _____ CITY _____ ZIP _____
EMPLOYER _____ OCCUPATION _____
EMPLOYER'S ADDRESS _____ CITY _____
EMPLOYER'S PHONE # _____ SUPERVISOR _____

ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

1. Are you between the ages of 18 and 65? _____
2. Have you been a resident of the Ripon Consolidated Fire District for more than three months? _____
3. Do you have any medical conditions that would preclude you from performing the normal duties expected as an active member of the Association? _____
4. Will you routinely be able to respond to emergency calls during weekdays? (8 am to 5 pm) _____
5. Do you have any previous fire or emergency medical experience? _____
(If yes, please explain) _____
6. May we contact your employer? _____

LIST A MIMIMUM OF THREE REFERENCES (NOT IMMEDIATE FAMILY)

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____

DMV PRINTOUT REQUIRED

LIST ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL TO US.

SIGNED _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY

Station One: _____ Station Two: _____ Ambulance _____

Date (s) of interview _____

Interview Committee Members: #1 _____ #2 _____

#3 _____

Recommedation: _____

Date of Vote _____ Approved _____ Not Approved _____

Date Appointed _____ Date Resigned _____