

SANDY VOLUNTEER FIRE DEPARTMENT  
MEMBERSHIP APPLICATION

NAME _____		PHONE _____	
Last	First	M.I.	
STREET ADDRESS: _____			
_____			
City	State	Zip	
MAILING, IF DIFFERENT _____			
HEIGHT _____	WEIGHT _____	BLOOD TYPE _____	DATE OF BIRTH _____
SOCIAL SECURITY # _____ - -		SPOUSE _____	

EMPLOYMENT

EMPLOYER _____	WK. PHONE _____
ADDRESS _____	MOBILE # _____
HOW LONG _____	WORK HRS/DAYS OF WK _____
DUTIES _____	
PREVIOUS EMPLOYER IF EMPLOYED LESS THAN 5 YRS WITH PRESENT EMPLOYER:	
EMPLOYER _____	PHONE _____
ADDRESS _____	
HOW LONG _____	DUTIES _____

EDUCATION

HIGH SCHOOL _____	GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST SCHOOL ATTENDED _____	
GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE _____

DRIVING INFORMATION

VALID OREGON DRIVERS LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO	# _____
CURRENT CHAUFFEUR'S LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO	# _____

-----Do not write below this line--Fire District Use Only-----

RESPONSE AREA _____	DATE RECEIVED _____
RECEIVED BY _____	TIME RECEIVED _____



9. List any additional training, hobbies, or interests you have which you feel would benefit the fire department.


10. What are your reasons for joining Sandy Fire Department?


LIST THREE REFERENCES (NOT RELATIVES):

NAME	ADDRESS	PHONE

**APPLICANT'S STATEMENT  
AUTHORIZATION AND RELEASE**

I, the undersigned applicant for Volunteer membership in Sandy Rural Fire Protection District No. 72 (the "District"), hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for on this application is cause for cancellation of the application and/or dismissal from membership.

I hereby authorize the District to contact and obtain job related information concerning my personal background and work history from all of my prior employers, including my current employer; law enforcement agencies; Department of Motor Vehicles; and from any other similar source which the District may contact to investigate and obtain relevant information concerning my background and work history.

In consideration of their cooperation in furnishing information to the District, I hereby fully release from all liability any person or entity which furnishes such data or information to the District.

I further authorize any physicians and/or hospital to release to the District any and all medical information and records for review, as necessary, to determine my ability to perform the duties of the position described herein.

***I HAVE READ AND FULLY UNDERSTAND EACH AND EVERY PORTION OF THIS  
AUTHORIZATION AND RELEASE.***

APPLICANT

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DATE

