

**\*\*MEMBERSHIP APPLICATION\*\***

**ROSEVILLE VOLUNTEER FIRE DEPARTMENT**

9 W. FIRST STREET  
ROSEVILLE, OHIO 43777  
PH# 740-697-7762  
FAX# 740-697-0309



I am applying for membership to: \_\_\_\_\_ Fire Division \_\_\_\_\_ EMS Division

Name: \_\_\_\_\_  
                    Last                                      Middle                                      First

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell or Pager # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Blood Type \_\_\_\_\_ Doctor: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

**\*\* You are required to maintain a current State of Ohio Drivers license and current automobile insurance coverage please provide current copies of both with this application.**

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Automobile Ins. Info: \_\_\_\_\_

Phone # \_\_\_\_\_

Effective date: \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

**Fire and/or EMS Certifications:**

\_\_\_\_\_ Cert # \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Cert # \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Cert # \_\_\_\_\_ State: \_\_\_\_\_

- We will also need copies of up to date certification card(s)

**EMPLOYMENT:**

**\*\* Ohio law requires the Fire Chief to notify employers of Volunteer Firefighters and Emergency Medical Technicians.**

*Present Employer:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Supervisor's Name:* \_\_\_\_\_ *Hire Date:* \_\_\_\_\_

*Telephone#* \_\_\_\_\_ *Fax #* \_\_\_\_\_

**PERSONAL REFERENCES:**

<i>Name:</i>	<i>Address:</i>	<i>Telephone #</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*\*\*\*\*

*Are you willing to attend business, training and special meetings on a regular basis and participate in fundraising events?*

*[ ] Yes [ ] No If NO, please explain why: \_\_\_\_\_*

- Applicant is required to have a BCI/FBI check completed. Also, you must complete a physical with your family physician **at your cost**. The department will provide funding for classes if and when available. Copies need to be presented to the Chief before moving the applicant to the Membership and Village Council. By law, once you are placed on as a member **you have one year to complete your certification**. If it is not completed you will be removed from the department. If you wish to re-apply there is a one-year waiting period. If we have paid for a class and you quit or fail you are responsible to pay the Village back the money for the class. This is also the same for additional classes you may attend. If you attempt a class for the second time you will be responsible for the payment.

FFI- 160hrs = \$950  
 FFII- 300hrs = \$1720  
 EMT-150hrs = \$1170  
 EMT-A-200hrs- \$1640  
 Medic-1000hrs= \$6108

Signature of Applicant: \_\_\_\_\_

**APPLICANT'S STATEMENT AND WAIVER OF LIABILITY**

I understand that any membership in the Department will be on a one-year (12 month) probationary status. If I am approved, I agree to abide by the Department's rules and regulations.

I authorize a investigation of all information contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information the may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I certify by my signature, that the above information is complete and true to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

.....  
**DEPARTMENT USE ONLY**

*Date of Application Received:* \_\_\_\_\_

*Received By:* \_\_\_\_\_

*Interview Date:* \_\_\_\_\_ *By:* \_\_\_\_\_

*Recommended to Council:*       *YES*       *NO*

*Council:*     *Approved*       *Disapproved*

*Date:* \_\_\_\_\_

*Probationary Period:*

*Start Date:* \_\_\_\_\_ *Ending Date:* \_\_\_\_\_

*Notes:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_