

**APPLICATION FOR MEMBERSHIP  
RUDOLPH VOLUNTEER FIRE DEPARTMENT, INC.**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(Street Address or P.O. Box, City, State, Zip Code)

RESIDENCE ADDRESS, IF DIFFERENT: \_\_\_\_\_

VILLAGE, TOWN or CITY of: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ MAIN INTEREST: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK HOURS: Steady Shift: \_\_\_\_\_ to \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Swing Shift: \_\_\_\_\_ to \_\_\_\_\_

Other: \_\_\_\_\_

HIGHEST EDUCATION: (please circle) \_\_\_\_\_ Other: \_\_\_\_\_

Do you have a valid Wisconsin Driver's License?  
Have you ever driven a large truck?  
Can you drive a stick shift vehicle?

HAVE YOU EVER HAD TRAINING IN:

Basic First Aid	Year Completed: _____	Where: _____
Advanced First Aid	Year Completed: _____	Where: _____
First Responder	Year Completed: _____	Where: _____
E.M.T.	Year Completed: _____	Where: _____
C.P.R.	Year Completed: _____	Where: _____
Firefighting	Year Completed: _____	Where: _____

OTHER: (please specify) \_\_\_\_\_

PLEASE LIST ANY OTHER EXPERIENCE YOU MAY HAVE THAT WOULD BE BENEFICIAL TO YOU AND/OR THE DEPARTMENT; SUCH AS PREVIOUSLY BEING A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD OR AN AMBULANCE SERVICE.

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

DUE TO THE NATURE OF THE DUTIES OF THIS DEPARTMENT, THE RUDOLPH VOLUNTEER FIRE DEPARTMENT, INC. REQUIRES A BACKGROUND CRIMINAL AND TRAFFIC INVESTIGATION. PLEASE READ THE FOLLOWING STATEMENTS **CAREFULLY!**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF THE DEPARTMENT DETERMINES THAT THE ABOVE INFORMATION WAS PRESENTED THROUGH ERROR OR FRAUD, IT MAY DENY OR REVOKE MY APPLICATION OR ACCEPTANCE.

FURTHERMORE, I (please print), \_\_\_\_\_ HEREBY AUTHORIZE THE RUDOLPH VOLUNTEER FIRE DEPARTMENT, INC. TO CONDUCT A BACKGROUND CRIMINAL AND TRAFFIC INVESTIGATION ON MYSELF TO COMPLETE THE APPLICATION PROCESS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR OFFICIAL USE ONLY**  
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Examination Committee Names: 1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Examination Committee Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Application Was Given To The Body For Consideration: \_\_\_\_\_

Action Taken, If Any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Probationary Membership Vote Was Taken: \_\_\_\_\_

Accepted? \_\_\_\_\_

Rejected? \_\_\_\_\_

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_  
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If accepted, probationary period starts on this day and runs for twelve months. Completion of probation will be on \_\_\_\_\_ .  
(Date)

At the first regular meeting on or after this date, a vote will be taken to either accept or reject as a regular member.

Accepted? \_\_\_\_\_

Rejected? \_\_\_\_\_

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_