

Application for Membership Lake Delta Fire Department

Part I

Before submitting your application please ensure that **a)** all sections are completed If a section does not apply to you please indicate such by marking "n/a" or "not applicable" **b)** the application has been signed and dated **c)** your application membership fee is included.

Applicant Name																
Last						First				M.I.						
Applicant Address (If less than 3 years please provide additional detail in the comments section)																
Date of Birth			Sex	Social Security Number							Drivers License Number					
M	D	Yr													State	Class
Place of Birth							Emergency Contact (Name/ Phone/ Relationship)									
Phone Number							Cell Phone/Email									
Languages Spoken (other than English)																

Lake Delta Fire Department warrants that any personal information provided with this application is held strictly confidential and is collected for the sole purposes of ensuring that the applicant is both eligible for the position as a fire member of this department, and for internal use should this application be accepted. All applicants are subject to a criminal / security investigation. All applicants are subject to Lake Delta' approval by common vote of members.

Employer	
Name	Address
Position held	Supervisor's Name and Phone Number

References (should know you at least 3 years and not be family)	
Name	Address/ Phone Number Required
Name	Address/Phone Number Required
Name	Address/Phone Number Required
Name	Address/Phone Number

Comments / Additional Information you feel relevant

Lake Delta appreciates your interest to serve the community of Lake Delta. Lake Delta is committed to providing the highest degree of emergency assistance to all members of the community in which we serve and we welcome all those that want to serve with us. Your interest is appreciated.

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Part II

The following are yes or no questions. Any "YES" answer will require an explanation (including dates) but should not be construed as a denial/ or acceptance of membership. Attach additional detail to this application if the space provided is not adequate referencing the question number.

		Yes/No
1.	Have you ever been convicted of a state or federal crime?	<input type="checkbox"/>
Details:		
2.	Have you ever been member of an emergency response team?	<input type="checkbox"/>
Details:		
3.	Have you ever used a name other than that provided on this application?	<input type="checkbox"/>
Details:		
4.	Do you have any limitations that would restrict your ability to serve?	<input type="checkbox"/>
Details:		
5.	Are you currently a member of any existing emergency response organization?	<input type="checkbox"/>
Details:		
6.	Have you ever been denied a position with an emergency response organization?	<input type="checkbox"/>
Details:		

Part III

Areas of Interest (Check all that apply)			
Interior Fire Fighter	<input type="checkbox"/>	Fire Police	<input type="checkbox"/>
Exterior Fire Fighter	<input type="checkbox"/>	Administrative Service	<input type="checkbox"/>
Emergency Medical Technician	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

Part IV

I (the undersigned) affirm that all information provided in this application is truthful to the best of my knowledge. In signing this application I hereby authorize the Lake Delta Fire Department, its agents and representatives to verify any and all information submitted herein including obtaining a personal background investigation by Law Enforcement.

Signed: _____

dated this _____ (day) of _____ (month) 200 (year)

Please submit your application with membership fee in a sealed envelope marked "Confidential" to the Attention of the Financial Secretary