

DEVILS LAKE VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION

Name	
DOB	
Address	
City, State, Zip	
Home phone	
E-Mail Address	

The below listed requirements are the very basic items necessary for a prospective member of the Devils Lake Volunteer FD.

1. Employers permission if you have a fulltime job? Yes No
2. Able to attend drills and meetings which take place on Wednesdays of the month? Yes No
3. High School diploma or recognized equivalent? Yes No
4. Able to pass a background check by the DLPD? Yes No
5. Live within 5 miles of the extra-territorial boundaries of the City of Devils Lake? Yes No
6. Valid Driver's license? Yes No
 - a. What Class? D M A B C
7. Valid Liability insurance? Yes No
8. Physical within the past twelve months? Yes No
 - a. Where? _____
9. Able to complete physical requirements? Yes No

Physical requirements for Fit Test are as follows: All items to be completed with SCBA not on air.

Drag Rescue Randy dummy down and back on apparatus floor.

Carry 56# kettle bells down and back apparatus floor.

Up and Down steps 4 times.

Hammer tire across the floor then 10 times on top with each hand.

Pull rope attached to sandbag with additional 35# dumbbell down and back apparatus floor.

Push up 35# board 10 times each hand with a pike pole.

Explain your reason for wanting and being involved in the FD?

Have you had previous Firefighting experience? If so, explain below.

SPONSOR (If you have one) _____

OTHER INFORMATION

Employer	
Married	
Children	
Spouse's Name	

Do you understand that you must be available for an interview in order to have the functions and operations of the FD explained as well as answer a series of questions before being considered for probationary membership? Yes No

Do you understand that after the interview portion you will have to complete the Fit Test in order to be considered for probationary membership? Yes No

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature	
Name (Printed)	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.