



Roundhead Fire Department

Membership Application

Personal Information

Name _____
Last First Middle

Address _____
Street City Zip Code

SSN _____ Email _____

Home Phone _____ Cell Phone _____

Is your Driver's License current? Y N State of issue _____ Class _____

Are you at least 18 years of age? Y N

Have you ever been a member of any other Fire Dept? Y N Department _____

Are you certified in the State of Ohio for firefighting? Y N Cert. Level _____

To your knowledge, do you have any physical or mental defects which would prevent you from fully and safely performing the duties of a volunteer firefighter? Y N

Employer Information

Employer's Name _____ Occupation _____

Employer's Address _____
Street City State Zip

Business Phone _____ Supervisors Name _____

Educational Background

Name of School	Type of School	Location	Years Completed	Degree and year awarded

Special Skills / Licenses / Certification

Please list any additional skills and/or all certificates, documents, licenses and professional designations that relate to volunteer service.

Emergency Contacts

Please provide at least one emergency contact.

1

Name	Phone	Relationship
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Street Address	City	State	Zip
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2

Name	Relationship
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Street Address	City	State	Zip
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3

Name	Relationship
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Street Address	City	State	Zip
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References

1

Name	Address/City/State	Phone
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2

Name	Address/City/State	Phone
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Applicant's Certification

All written and expressed statements on this application are in fact true to the best of my knowledge. I understand that the falsification of information is grounds for disqualification. I authorize the Roundhead Fire Dept. to verify any Information on this application and I authorize release of such information.

I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, and bylaws of this volunteer fire department. I understand that this application is for a volunteer firefighter position where no vested interest in employment is created.

I, the applicant, do solemnly swear (or affirm) that I will support and defend the Constitution of the United State and the Constitution of the State of Ohio against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Ohio; that I take this obligation freely, without any mental reservation or promise of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

By signing, you have agreed to the terms and conditions of this application.

Applicant Signature _____

Date _____