

CHAVES COUNTY VOLUNTEER FIRE DEPARTMENTS

MEMBERSHIP APPLICATION

CHAVES COUNTY, NEW MEXICO

Berrendo District 8 Dunken East Grand Plains Midway
Penasco Rio Felix Sierra

Fire District Name Applying For: _____

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ DOB: _____ AGE: _____

SS#: _____ Driver's License Number & State: _____

Physical Address: _____ City/Zip _____

Mailing Address (if different than above): _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Place of Employment: _____

Address: _____

Business Phone: _____ Business Cell: _____

Person to Notify in Case of Emergency: _____

Relationship: _____ Address: _____

Phone Number: _____ Cell Phone Number: _____

1. Have you ever been a member of a Fire Department? YES _____ NO _____
If Yes, how long? _____ Where? _____

Reason for Leaving? _____

Level of Training/Special Skills: _____

2. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD RESTRICT YOUR PERFORMANCE AS
A FIREFIGHTER? YES _____ NO _____

If Yes, Please Explain: _____

3. DO YOU HAVE A CAR OR OTHER MEANS OF TRANSPORTATION TO MEETINGS, TRAINING OR EMERGENCIES? YES NO

4. HAVE YOU EVER BEEN DENIED A DRIVERS LICENSE OR HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YRS?

YES NO

IF YES, PLEASE EXPLAIN: _____

5. HAVE YOU BEEN INVOLVED AS AN OPERATOR IN A MOTOR VEHICLE ACCIDENT WITHIN THE PAST THREE (3) YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

6. PLEASE LIST ANY PREVIOUS FIRE/RESCUE-EMS EXPERIENCE YOU HAVE;

7. ARE YOU WILLING TO ATTEND MEETINGS, DRILLS, AND PRACTICES?

YES NO

8. ARE YOU WILLING TO TAKE DIRECTIONS FROM OFFICERS?

YES NO

9. ARE YOU WILLING TO SERVE A PROBATIONARY PERIOD BEFORE BECOMING A REGULAR MEMBER? YES NO

THE FOLLOWING ARE ADDITIONAL DESIRED QUALIFICATIONS FOR THE POSITION AS A FIREFIGHTER. THESE WILL BE USED TO DETERMINE YOUR STATUS WITHIN THE FIRE DEPARTMENT AND WILL NOT NECESSARILY DISQUALIFY YOU FOR MEMBERSHIP. INDICATE WHICH YOU CAN MEET BY CHECKING "YES" OR "NO" AFTER EACH ITEM.

1. WITHIN SIX (6) MONTHS OF ACCEPTANCE MUST POSSESS A VALID CLASS, A, B, OR E DRIVERS LICENSE. YES NO

2. MOBILITY: STOOP/REACH, MOVE OVER ROUGH/UNEVEN SURFACES, BALANCE ON HIGH/NARROW PLACES, WORK IN/UNDER CRAMPED PLACES. ABLE TO CRAWL. YES NO

3. ABLE TO CLIMB STAIRS, MACHINERY, AND LADDERS. YES NO

4. ABLE TO LIFT, CARRY, PUSH OR DRAG HEAVY ITEMS YES NO

5. WORK OUTSIDE IN ALL TYPES OF WEATHER YES NO

6. WORK UNDER HAZARDOUS/DANGEROUS CONDITIONS: WORK AROUND MACHINERY AND CHEMICALS YES NO

7. WEAR SAFETY GEAR: FULL BUNKER GEAR OR WILDLAND GEAR, INCLUDING BOOTS, PANTS, GLOVES, HOOD, HELMENT YES NO

8. WORK IN HAZARDOUS ENVIRONMENTS WITH SELF-CONTAINED BREATHING APPARATUS AND PROPER SAFETY GEAR. YES NO

I certify that the answers given herein are true and complete to the best of my knowledge.

I meet all of the minimum qualifications and understand that becoming a volunteer firefighter may be subject to passing a physical examination.

I understand that any falsification may cancel any terms, conditions, or privileges I may have as a volunteer.

I authorize you to make such investigation and inquires of my personal employment, medical history and other related matters, as may be necessary in arriving at a decision permitting me to become a volunteer firefighter.

I agree to abide by the policies, procedures and County-wide Fire Standards of Catron County.

Signature of Applicant Date

“OFFICIAL USE ONLY”

This application was APPROVED _____ REJECTED _____ on this _____

Day of _____, 20____.

Chief Date

CHAVES COUNTY

AUTHORIZATION TO RELEASE INFORMATION

I, _____

Last Name

First Name

Middle Name

Current Address _____ Dates lived here? _____

Email Address: _____

Previous Address, if Current Address is under 5 years (include street, city, state and zip code) _____ Dates of Residence: _____

Date of Birth: _____ Other Names (include maiden) _____

Years Used: _____ Social Security Number _____

Driver's License Number: _____ State Issued: _____

Do hereby authorize verification of all information in my _____
Volunteer Fire Department Membership Application from all sources of motor vehicle and criminal history records and authorize any duly authorized agent Chaves County to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Chaves County Agents for identification purposes and for the release information which will be considered in determining any suitability for membership. I certify that I have made true, correct, and complete answers and statements on my membership application. I authorize without reservation, any party or agency contacted by Chaves County Agents to furnish the above mentioned information. This authorization is valid during the course of my membership to the extent permitted by law.

I have the right to make a request to Chaves County Agents upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which the Agents have previously furnished within the two years period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interview will be sufficient grounds for rejection of membership and my discharge after membership.

