



Monticello Fire Department - Volunteer FF Application

1. Name: _____
 (Last) (First) (Middle)
 1a) Sex: _____ 1b) Height: _____ 1c) Weight: _____ 1d) Blood Type: _____
 2. Residence Address: _____
 3. Business Address: _____
 4. Home Telephone: _____ 5. Business/Employer's Telephone: _____
 6. Social Security #: _____ 7. Date of Birth: _____ (mo/day/yr)
 8. Place of Birth: _____ 8a) Citizenship: _____
 9. Occupation: _____
 10. Name & Address of Employer: _____

11. Have you ever served in the armed forces of the United States? ___Yes ___No
 11a) If "YES", Branch of service: _____ 11b) Date & type of discharge: _____
 11c) Occupation and/or work performed in service: _____

12. Do you have any special qualifications or training in any of the following fields: (please specify)
 a) Firefighting: _____
 b) Building or Construction trades: _____
 c) Heavy Equipment Operator: _____
 d) Truck Driver: _____
 e) Machinist or Welder: _____
 f) Scuba Diving: _____
 g) First Aid/EMT: _____
 h) Engineering or Architecture: _____

13. Have you ever suffered from any mental, emotional or nervous disorder? ___Yes ___No
 14. Have you ever been convicted of a crime? ___Yes ___No
 14a) If "YES", please explain: _____

15. Have you ever previously applied for membership to **any** other volunteer fire dept.? ___Yes ___No
 16. Please state in your own words the reason you applied for membership in this department:

PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION:

- I. By signing this application, I hereby consent to an investigation of my character and qualifications, including inquiry of my past and present employers.
- II. Your application will be considered with or without references from members of this fire department. However, if you wish to procure the recommendations or reference of any member of this fire department, please feel free to do so where applicable below.

Date: _____ Signature of Applicant _____
 Recommended by: _____

(OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE)

Date Rec: _____ Application fee received: Y___ N___ Cash ___ Check ___ Check no. _____
 Investigation complete: Y___ N___ Met with Council: Y___ N___ Approved by Council: Y___ N___
 Date Voted on: _____ Approved ___ Denied ___* *Date fee returned: _____