

Any previous experience in the Fire or Rescue Service:

(Please list department and time you were a member)

Please check any certifications you currently hold:

FFI _____ FFII _____ Medical Responder _____
EMT _____ Haz-Mat Awareness _____ Haz-Mat Operations _____
Rescue Tech (VMR) _____ CPR _____ Other _____

References:

1. Name: _____ Phone Number: (____)____ - _____
2. Name: _____ Phone Number: (____)____ - _____
3. Name: _____ Phone Number: (____)____ - _____

Rookie Rules and Regulations

- All Rookie members will be over the age of 18.
- All members should live within the Old Richmond Fire District or within 1 ½ miles of the district line.
- All Applicants must obtain a copy of their Criminal Background to the Membership Committee before being accepted as a member.
- Each Applicant will serve a six-month Probationary Period. During this period each applicant will be evaluated monthly to ensure satisfactory progress is being made, and must complete the Skills and Knowledge Test.
- Each member is required to maintain 36 hours of documented training each year.
- At NO time will alcohol or drugs be allowed on Fire Department premises, nor will any member be allowed to respond to calls or take part in any department function while under the influence of drugs or alcohol.
- At NO time will rookie firefighters be allowed in the station without a Senior Firefighter on site.

- **Rookie Firefighters will not use red lights, four-way flashers, flashing headlights, or any other warning devices at any time. They must also abide by all traffic laws at all times.**
- **When arriving on the scene of an incident each member must report to the first arriving apparatus and await an assignment by the Incident Commander.**
- **Any Rookie Member may be dismissed at any time by the Fire Chief when performance does not meet the guidelines.**

Conditions of Membership Statement

I declare that the answers to the above questions are true to the best of my knowledge. My signature below gives the Old Richmond Volunteer Fire and Rescue Department the right to investigate any and all information given and to obtain additional appropriate information if necessary.

I understand that an investigative report may be made from information obtained through personal interviews with others. I also understand that this inquiry may include information regarding to my character, general reputation, and personal characteristics.

I further understand that the completion of this application does not assure me a position with the Old Richmond Volunteer Fire and Rescue Department and does not obligate the department to me in any way.

I understand that any willful misleading or incorrect statements or information, or the failure to complete all questions may render this application void.

Signature of Applicant

Date