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**RIO ARRIBA COUNTY  
VOLUNTEER  
FIRE DEPARTMENT**

**MEMBERSHIP APPLICATION**



**1122 INDUSTRIAL PARK ROAD**

**ESPANOLA, NM 87532**

**Business Phone: (505) 747-6367**

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**Applying For Position In:     Firefighter     Non Firefighting**

**Support Service Division**

1. **Name:** \_\_\_\_\_  
(Last) (First) (Middle)

2. **Address:** \_\_\_\_\_  
(PO Box) (City) (State) (Zip)

3. **Physical Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. **Phone:** (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

5. **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

6. **Height:** FT. \_\_\_\_\_ IN. \_\_\_\_\_ **Weight:** \_\_\_\_\_ **U.S. Citizen:** Yes \_\_\_ No \_\_\_

7. **Do you have any disabilities or health problems which would participation as a firefighter/EMS? (If yes, list)**

\_\_\_\_\_  
\_\_\_\_\_

8. **Health: (Circle)**      **Excellent**              **Good**              **Fair**              **Poor**

9. **Do you have any pre-existing conditions which would prevent you from completing or participating in duties which may be assigned to you as firefighter?**

**Yes** \_\_\_\_\_                      **No** \_\_\_\_\_

**If your answer is “yes” would you explain these conditions?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Emergency Contact:** \_\_\_\_\_

11. **Spouse’s Name, If Married:** \_\_\_\_\_

12. **Highest Form of Education Completed:** \_\_\_\_\_

13. **Present Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

**14. References: May the fire department contact your present employer or any of the organization or references which you have listed to ask questions regarding your character or abilities.** (List three people who are not related to you by blood or marriage who are familiar with your education or work experience)

Name:	Complete Address:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**15. Have you ever been a member of a Fire Department, Rescue Squad, or similar organization?**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

Name and address of organization: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

List all related training you complete: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. This application represents a serious commitment to the fire service and community. State why you wish to join this department, what the department can gain from you membership.**

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**17. Have you ever been arrested, summoned into court as a defendant or indicted, convicted, imprisoned, or placed on probation, or has any criminal case been filed against you?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**(If yes, explain)**

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**18. Have you been involved in a vehicle accident where you were the driver, within the last five years? \_\_\_\_\_ YES                      \_\_\_\_\_ NO**

**(If yes, explain)**

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**Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_**



## **Rio Arriba County Fire Department**

1122 Industrial Park Road

Española, NM 87532

Business Phone: (505) 747-6367

TO WHOM IT MAY CONCERN:

Having made application to Rio Arriba County, it is my understating that an investigation of my background will be conducted in connection with this application. It is further understood that an adverse history brought to light by any such investigation may be cause for disqualification or dismissal upon consideration of the facts by Fire Department of by any officers appointed by them to act in their behalf.

I, \_\_\_\_\_ do hereby give the officials of Rio Arriba County the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by this organization pertaining to my work history, medical history, character, honesty, and general qualifications of fitness.

And I am providing the following information to facilitate this process:

- Copy of Driver's License

If you are accepted as a volunteer with Rio Arriba County Fire Department, such an appointment is tentative and for a 6 month probationary period.

I hereby certify that there are no willful misrepresentations or omission of facts of the above statement and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected.

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Applicant's Signature

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Date

*DEPARTMENT USE ONLY-DO NOT WRITE IN THIS BOX*

*Date Application Received:* \_\_\_\_\_

*Name of Mentor:* \_\_\_\_\_

*Date Interviewed:* \_\_\_\_\_

*Interviewed By:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Comments:* \_\_\_\_\_

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*Date of Fire Department Membership Approval for Membership:* \_\_\_\_\_

*Date of Rio Arriba County Fire Marshal Approval/Disapproval (Refer to background document review):* \_\_\_\_\_

*\*\* Assigned Mentor:* \_\_\_\_\_

*\*\* Copy to District fire department files*

*\*\* Copy to County Fire Marshal.*

*\*\* Final Determination of membership will be made at the end of the probationary period. The local fire chief & County Fire Marshal will have final signature authority for membership.*

*\*\*\* PERA membership is determined by County bylaws.*