## Ely Volunteer Fire Department Membership Application Must be a minimum of 18 years old and have/maintain a current State of Iowa driver's license ("Operators" is a minimum).

This application will be kept on file by the Ely Volunteer Fire Department for 24 months after the application has been received. When there is an opening, an election will be held at the monthly business meeting. A candidate will be voted into probationary status by majority of members present. Newly elected probationary members will be notified by the Fire Chief and asked to attend the next fire department event. The probationary period is for a minimum of one year from the first regular meeting after candidate acceptance.

Name		_ Date of Birth _		
Address	City	State	Zip	
Home Phone	Social Secu	Social Security Number		
Occupation & Employer				
Work Address		Work Teleph	none	
Normal Work Hours	Would you be a	ble to leave work for	a call? Yes No	
Driver's License Number:				
Have you been convicted of a felony or m	nisdemeanor within th	e last 10 years? Yes	No	
(A conviction is not an automatic bar to me	mbership acceptance. I	Each case will be consi	dered on its own merits.)	
If yes, please explain:				
Fire Service Experience or Training:				
Emergency Medical Experience or Training	g:			
If accepted as a probationary member of the department would need to provide so firefighter and/or EMS provider? Yes If Yes, please explain:	that you can perform No	the functions and du	uties of a volunteer	
The Ely Volunteer Fire Department will m limitations of an otherwise qualified volun				
If accepted as a member, I agree to give fundraising, committee work, and other E within the first three years of being accept completed:  (Please check the appropriate box.)  EMS- Commit to complete the centre of the the centre	ely Volunteer Fire Depoted as a member, I and electrification process for an initial 150+ hour ertification process for	artment events as apgree to complete the an EMT-B s of coursework Fire Fighter I	plicable. This includes	
By this signature I agree to the best of m in accordance with the by-laws of the Ely statement the department has the option some form of public service is the duty of	Volunteer Fire Depart to remove me from t	ment. I understand b he department. I furt	by not adhering to this her realize that giving	
Applicant's Signature:		Date:		
Ely Vol	unteer Fire Departn	nent Use Only		
Date Received:	Da	te Accepted:		
Chief's Signature:	Sec	Secretary's Signature:		

Updated: 4/29/11