

Cody Fire Department

1125 11th Street • Cody, Wyoming 82414 • (307)-586-8000

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name_____ Date of Birth_____
(Last) (First) (M.I.)

Physical Address_____
(Street) (City) (State) (Zip)

Years at Present Address_____ If less than 2 years at present address, list previous address:

_____

Home Phone_____ Work Phone_____

Single_____ Married_____ Spouses Name_____

Spouses Employer _____
(Name) (Phone #)

Drivers License #_____ Class & Endorsements_____ Date of Expiration_____

Have you ever been convicted of a criminal offense?_____

List any: _____

Do You Own a Vehicle?_____ _____
(Year) (Make) (Model) (Condition)

Automobile Insurance Carrier_____
(Company) (Agent) (Coverage/Limits of Liability)

EDUCATION

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16

	HIGH SCHOOL	VOCATION/TRADE	COLLEGE OR UNIVERSITY
Name:			
City/State:			
Year Graduated:			
Area/Degree/Diploma			

MILITARY

BRANCH	HIGHEST RANK	DATES	ASSIGNMENT

RELATED EXPERIENCE

Have you ever served on a fire district/department?_____

If yes, list district/department:_____
(Name) (City/State) (Phone #) (Chief Officer)

List any previous fire service training:_____

List any other fire service/EMS/rescue related training and/or certifications:_____

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc.:_____

EMPLOYMENT

EMPLOYER/ADDRESS/DATES	POSITION/SUPERVISOR	REASON YOU LEFT

ORGANIZATIONAL AFFILIATIONS/HOBBIES/INTERESTS

List any organizations you are affiliated with:_____

_____

List any hobbies or special areas of interest:_____

_____

Do you know anyone who is currently serving with the Cody Volunteer Fire Department?_____

If so, who?_____

HEALTH

Height_____ Weight_____ Condition of Health_____

Have you ever been treated for medical problems involving: (Check those that apply)
Back_____ Heart_____ Respiratory_____

Have you ever been treated by a physician for any condition in the past three (3) years?_____

If yes, please describe:_____

Have you ever been hospitalized in the past three (3) years?_____

If yes, please describe:_____

In your opinion, do you have any condition(s) (physical or mental) that may adversely affect your performance as a firefighter in any way?_____

If yes, please describe:_____

Have you had a complete physical examination within the past two (2) years?_____

Family Physician_____
(Name) (Address) (Phone)

REFERENCES

List three local references you have known for at least two (2) years. Do not list relatives, former employers, or active members of the Cody Volunteer Fire Department.

NAME/ADDRESS	DAY PHONE/EVENING PHONE	LENGTH OF TIME KNOWN

ADDITIONAL INFORMATION

How did you learn of the Cody Volunteer Fire Department?_____
Why do you wish to be a member of this organization and why do you feel you would be an asset to the organization?_____

CONSENT/SIGNATURE

I certify that all information contained within this application is true to the best of my knowledge. I understand that by signing this application, a committee of the Cody Volunteer Fire Department will be contacting my employer/supervisor and also make inquiries as to my character, driving record, and criminal record, if any.

I have read and familiarized myself with the Constitution and By-Laws of the Cody Volunteer Fire Department.

"If elected to membership in the Cody Volunteer Fire Department, I agree to obey all laws, rules and regulations governing the organization, to obey all orders from those who are elected or appointed my superiors in the department in the line of duty as a fireman, if within my power to do so."

_____ _____
Applicant's Signature Date

_____ _____
Employer/Supervisor's Signature Date