

# Membership Application Form

Boulder Junction Volunteer Fire Department  
PO Box 395  
Boulder Junction, WI 54512

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### Identifying Information

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's License Number and State: \_\_\_\_\_  
Driver's License Class and Expiration Date: \_\_\_\_\_  
Current Employer and/or School currently attending: \_\_\_\_\_  
\_\_\_\_\_

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### Educational Background

High School Attended: \_\_\_\_\_  
Date(s) Attended: \_\_\_\_\_  
College/Vocational School Attended: \_\_\_\_\_  
Date(s) Attended: \_\_\_\_\_  
Graduate School Attended: \_\_\_\_\_  
Degree(s) Awarded: \_\_\_\_\_  
Military Experience (Branch, Rank, MOS, Dates of Service):  
\_\_\_\_\_  
Previous Fire/EMS Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Emergency Services Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Background Investigation

Have you ever been convicted of a crime: [Circle one] Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Health Information

Is there any reason that your present health condition would restrict your activities as an emergency service provider? If yes, please explain: \_\_\_\_\_

I understand that I may be required to take a physical examination as a condition of membership at my expense and/or to provide a physician's certificate to confirm that I am able to perform the responsibilities of the position I am applying for.  
\_\_\_\_\_(Initial) \_\_\_\_\_(date)

Do you suffer from any fear/phobias that would restrict your activities as an emergency services provider? If yes, please explain: \_\_\_\_\_

Name of person to contact in case of emergency: \_\_\_\_\_  
Emergency phone number: \_\_\_\_\_

Signatures

I certify that my application for membership as well as the information conveyed during my personal interview are true and complete to the best of my knowledge and I understand that if accepted for membership, falsified statements shall be grounds for dismissal.

I agree to permit the BJVFD to conduct an investigation into my background through the local police department and any state and/or federal law enforcement agencies as is believed appropriate by the BJVFD Fire Chief and/or EMS Director.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Membership accepted at BJVFD meeting of \_\_\_\_\_  
(date)