



# City of Salisbury **FIRE DEPARTMENT**



## Active Volunteer Membership Application

I respectfully submit my name for consideration as a volunteer member of the Salisbury Fire Department.

Full Name (print) \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Former Address (if less than one year at current address) \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Current Employer / Name \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been a member of another emergency services organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes, provide name, address, phone number, of organization and name, address, and phone number of someone who can be contacted from this organization.

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

List the names, contact information, and relationship to you of three personal references to whom you are not related by blood or marriage.

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

I authorize the Salisbury Fire Department to seek from any police, fire, emergency medical services, motor vehicle department, current and previous employer/s, and authorize and previous or present police, fire, emergency medical services department, motor vehicle department, current and previous employer/s to release to the Salisbury Fire Department, any and all information pertaining to my performance history, including, but not limited to, commendations or disciplinary action/s.

I release, promise to hold harmless, and covenant not to sue the Salisbury Fire Department on the basis of its attempts to obtain information from any police, fire, emergency medical services, or motor vehicle department, current and/or previous employer/s. I release, promise to hold harmless, and covenant not to sue any police, fire, emergency medical services, or motor vehicle department, current and/or previous employer/s on the basis of the disclosure of information to the Salisbury Fire Department.

I further understand that falsification of any information on this application, or providing information that I know to be untrue, may result in the rejection of my application for membership or subsequent termination of my membership. Additionally, I understand that this application shall remain active for a period of six (6) months from the date of receipt in the Office of the Fire Chief. At the expiration of this time frame this application shall be considered void.

Upon acceptance you will be required to successfully complete a full medical physical evaluation and personal background investigation. You will be required to serve no less than one (1) year as a Probationary member in accordance with the Department's By-Laws. As a probationary member, you will be required to successfully complete specific training requirements. Failure to successfully complete each, or any, of these requirements may result in termination of your rights as a member.

By my signature, I attest that I understand the statements above, agree to abide by the regulations of the Salisbury Fire Department, and that the information provided in this application is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date / Initials

Received by Corporation # \_\_\_\_\_ / \_\_\_\_\_

Accepted by Corporation # \_\_\_\_\_ / \_\_\_\_\_

Received: Fire Chief's Office \_\_\_\_\_ / \_\_\_\_\_

Fingerprint Card Dispensed \_\_\_\_\_ Returned \_\_\_\_\_ Mailed \_\_\_\_\_

Report of Fire Marshal Investigation \_\_\_\_\_ Favorable \_\_\_\_\_ Not Favorable

Medical Clearance Scheduled \_\_\_\_\_ Completed \_\_\_\_\_ Passed \_\_\_\_\_ Failed

Appointed Probationary Firefighter \_\_\_\_\_ / \_\_\_\_\_

Appointed Active Firefighter \_\_\_\_\_ / \_\_\_\_\_

Additional Information:

Attach a photocopy of any pertinent fire, rescue, or emergency medical services license, or proof of training that you wish to be considered to this application.

---

---

---