



## Membership Application

### Gustavus Volunteer Fire Department

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PO Box \_\_\_\_\_ Gustavus, AK 99826. Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Previous Emergency Response Experience:

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Certifications (e.g.: First Aid; CPR; EMT 1,2,3; Rural FF; FF1, 2; ISO, HSO etc.)

Certification Name	Certification Number

List any special skills or areas of expertise that you bring to the GVFD in addition to emergency response (e.g., mechanical, carpentry, procedure writing, grant writing, etc.)

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Do you have any health or physical issues that may restrict your activities, or your ability to wear personal protective equipment (PPE) such as turnout gear and SCBA, or require accommodation for emergency response?

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Inoculations: Hepatitis Yes\_ No; Tetanus Yes\_ No\_ Date:

Tasks you would prefer not to do: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I hereby apply for membership in the Gustavus Volunteer Fire Department. I understand that as a volunteer I will be expected to participate in training and occupational health evaluations as needed to fulfill my assigned duties, to assist with station and equipment upkeep, to maintain my assigned PPE, and to follow the rules, policy, and procedures of the GVFD and the City of Gustavus, as directed by the Chief. I understand that as an active volunteer I am covered by workers compensation under the City policy for my volunteer duties. I certify that to the best of my knowledge the information disclosed in this application is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Department use only:**

Acted on: \_\_\_\_\_ Accepted \_\_\_ Declined \_\_\_ By \_\_\_\_\_

Volunteer file set up date \_\_\_\_\_

Assigned turnout gear. Pant size (W/L) \_\_\_\_\_ Coat: \_\_\_\_\_ Gloves: \_\_\_\_\_  
Helmet: \_\_\_\_\_

Radio Make/Model: \_\_\_\_\_ S/N: \_\_\_\_\_

Issued date: \_\_\_\_\_ Returned Date: \_\_\_\_\_

HIPPA Training Date: \_\_\_\_\_

Resignation date \_\_\_\_\_ Reason \_\_\_\_\_

Notes \_\_\_\_\_  
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