

APPLICATION FOR VOLUNTEER PROGRAM



SANDOVAL COUNTY FIRE & RESCUE

301 Piedra Lisa ST
 P.O. Box 40, Bernalillo, NM 87004 (505) 867-0245
 Email:scfrvolunteers@sandovalcountynm.gov

**Applicant must complete all sections of the application. For areas that do not apply please put N/A.
 Incomplete applications will not be accepted.**

APPLICANT			
Last Name	First Name	M.I.	Date
Street Address			Apt. #
City	State	Zip	
Phone		Alternate	
E-Mail			

Volunteer Fire District

Which Volunteer Fire District do you wish to Join? (Check One)

District 1 or 4 (South District)	District 3 (Zia Pueblo)	District 5 (La Cueva)	District 6 (Ponderosa)
District 11 (Regina)	District 15 (Torreon)	District 16 (La Madera)	Other listed below

As a member, which would you be most interested in?

Emergency Medical Services Fire Suppression Support Jr. Member K9 or Crisis Responses

Please tell us about any special skills or interests that you would like to utilize as a member.

Please tell us what interests you about becoming a member of Sandoval County Fire & Rescue and what alerted you to our search for new members at this time.

Prior Fire/EMS Experience

List all prior experience with volunteer fire, EMS, and other public safety organizations.

Agency		Phone
Address		
Position		Chief/Supervisor
From	To	Reason for leaving

Agency		Phone
Address		
Position		Chief/Supervisor
From	To	Reason for leaving

Agency		Phone
Address		
Position		Chief/Supervisor
From	To	Reason for leaving

Have you ever been denied or terminated membership from a public safety agency? _____ If yes explain

Education

High School		Address			
From	To	Did you graduate?	Yes _____	No _____	Degree

College		Address			
From	To	Did you graduate?	Yes _____	No _____	Degree

Other		Address			
From	To	Did you graduate?	Yes _____	No _____	Degree

List all relevant certifications. Attach copies.

Certification	Expiration

Employment

List most your most recent employment first.

Company		Phone
Address		
Position		Supervisor
From	To	Reason for leaving

Company		Phone
Address		
Position		Supervisor
From	To	Reason for leaving

Company		Phone
Address		
Position		Supervisor
From	To	Reason for leaving

Have you ever been dismissed or forced to resign from a position? _____ If yes explain

Personal References

List two personal references. **Do not include relatives or employers.**

Full Name	Relationship	Phone
Address		

Full Name	Relationship	Phone
Address		

Junior Membership: For those under 18 year old.

Applicants under 18 years of age require a notarized signature of parent or legal guardian.

Parent/Legal Guardian Signature _____ Date _____

State of New Mexico, County of _____

(Parent/Legal Guardian) _____ acknowledge the foregoing

instrument before me this _____ day of _____ 20_____.

Witness my hand and official seal

Notary Public

My Commission Expires :

Sandoval County Fire Department

Applicant background check

Please provide the following information and authorization to complete a mandatory applicant background investigation.

Informational

Last Name	First Name	Middle
Date of Birth	Race	Gender
Driver's License Number	State	
Social Security Number		

Driving History

Do you have a valid driver's license? _____ Yes _____ No

State of License _____ License Number _____ Expiration Date _____

Have you ever been convicted of any crime? (Traffic Offenses) _____ Yes _____ No

If you answered yes, explain in detail

Have you ever been convicted of Driving While Intoxicated or Under the Influence? _____ Yes _____ No

If you answered yes, explain in detail

Do you consent to the release and review of your Driver's Transcript or Record now and on a periodic basis during membership for repeated or significant traffic violations? _____ Yes _____ No

Criminal History

Do You have a legal right to work in the United States? _____ Yes _____ No

Have you ever been convicted in the last five years of any criminal violation(s)? _____ Yes _____ No

If yes, please list Year(s) and type of Violation(s).

Have you ever been convicted of any crime? Include misdemeanors, and/or Felonies. _____ Yes _____ No

If you answered yes, explain in detail

Medical History

Do you have any medical conditions or physical limitations that should be considered? _____ Yes _____ No

If you answered yes, please explain

Are you currently receiving any special medical treatment or medications? _____ Yes _____ No

If you answered yes, please explain

Authorization

I authorize the Sandoval County Fire & Rescue to investigate, without liability, all statements contained in the membership application and supporting materials.

I also authorize references, employers, public safety agencies, and others, without liability, to make full response to any inquiries in connection with this application.

My signature authorizes drug screening, investigative reports, criminal history and driving record checks, reference checks, and physical examination if required.

Authorized Signature

Date

Certification and Agreement

This statement must be initialed and signed. Please read the following statement carefully before initialing and signing.

_____ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected.

_____ I certify that I will obtain all necessary certifications within the minimum qualifications for volunteer firefighters and/or EMS providers within two years of joining the Sandoval County Fire Department.

_____ Sandoval County Fire Department and/or any representative thereof is hereby authorized to make investigation of my personal history, criminal history, driving record, and/or employment history and concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.

I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract.

Signature of Applicant _____ Date _____

Printed Name _____