



# Valencia County Fire Department Fire/Rescue

444 Luna Ave. / P.O. Box 1119 Los Lunas, NM 87031  
Office: (505)866-2040 Fax: (505) 866-8749

### Mission Statement

The Valencia County Fire Department is dedicated in creating a safer community through Professionalism, Preparedness and Effective Emergency Response.

## VOLUNTEER MEMBERSHIP APPLICATION

### APPLICANT INFORMATION:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License # / State: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Children? Yes  No  Ages: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Education	School name and city	Years completed	Diploma/Degree
High School:	_____	_____	_____
College:	_____	_____	_____
Other:	_____	_____	_____

FIRE/EMS:

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

Agency \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

List all relevant certifications and attach copies:

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Are you willing to attend meetings, drills, and trainings that last two hours a minimum of three evenings per month?

Yes  No

Are you willing to do on duty shifts at an assigned station for a minimum of 6 hours per week?

Yes  No

Are you willing to take direction from officers and senior personnel?

Yes  No

Do you have any physical limitations that would restrict your performance as a firefighter?

Yes  No

If so, please explain: \_\_\_\_\_

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BACKGROUND:

Do you have a vehicle or other means of transportation to attend meetings, trainings, and on duty shifts? Yes  No

Have you ever been denied a drivers' license or had your license suspended or revoked? Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been involved as an operator in a motor vehicle accident within the last three years? Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

***The Following are additional desired qualifications for the position as a Firefighter. These will be used to determine your status within the Fire Department and will not necessarily disqualify you for membership. Indicate which you can meet by circling "yes or "No after each item.***

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 1. Willing to obtain a valid Class A, B or E Driver License?                                       | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 2. Able to effectively communicate with officers?  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 3. Able to communicate effectively with the public?  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 4. Able to Add, Subtract, multiply, and divide?  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 5. Able to write neatly and legibly and complete simple forms: Reports, Logs, and supply requests? | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 6. Able to understand basic english and understand policy procedure?                               | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 7. Able to complete work within established deadlines?   | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 8. Able to stoop, reach, bend, sit, or squat for long periods of time?                             | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 9. Able to see, hear, and speak?   | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 10. Able to climb stairs, ladders, or machinery?   | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 11. Able to lift carry, or drag heavy items/materials?   | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 12. Stand for long periods of time and perform physical labor for up to 8 hours?                   | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| 13. Work in all types of weather for extended periods of time?                                     | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |
| <b>14. Wear PPE (Bunker/Wildland gear - Pants, Gloves, Jacket , hood, helmet, boots, SCBA)</b>     | <b>Yes <input type="checkbox"/></b> | <b>No <input type="checkbox"/></b> |
| 15. Wear a uniform and comply with dress standards?  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |

***We may be able to make a reasonable accommodation for applicants with disabilities and will consider each situation on an individual basis.***

REFERENCES:

Please provide one professional reference, one educational reference, and one personal reference.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I (name \_\_\_\_\_) have answered the above questions honestly and to the best of my knowledge. I agree to a background, NCIC, and continuous driver license checks. I further agree to a pre-employment physical and drug screen, with the knowledge that I may be selected for random drug screens at the discretion of the District, and/or County Fire Chief .

Signature: \_\_\_\_\_

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

Date \_\_\_\_\_

**If application is for a junior fire fighter (under 18 years of age), the signature of a parent or guardian is required.**

Signature: \_\_\_\_\_.

Relationship: \_\_\_\_\_

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

How did you hear about us?

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