

Southern Valley Fire & Rescue

413 Main St
Horace, ND 58047
701-282-8800

APPLICATION FOR MEMBERSHIP

Fill out completely using ink. Please be accurate in filling out the form because falsification or misinformation is justification for removal from membership. **PLEASE PRINT OR TYPE.**

Name (Last)	First	Middle	
Present Address (No. and Street)	City	State	Zip
Previous Address (No. and Street)	City	State	Zip
Contact Phone Number	Alternate Phone Number		
Occupation:	DOB:		
E-Mail Address:			
Emergency Contact:	Phone Number		

Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been known by another name?

MILITARY SERVICE

Have you ever served in the armed services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "Yes", what Branch?		
Total time in Service:		
Type of Discharge?		

EDUCATION & TRAINING

Please Check the highest School Grade completed.

High School	College
9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4+ <input type="checkbox"/>
Degrees obtained or areas of study:	

Do you have a valid North Dakota Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid North Dakota CDL?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any physical limitations that may affect your ability to carry out the duties of a firefighter or position you are volunteering for?	Yes <input type="checkbox"/>
If yes, please list:	No <input type="checkbox"/>

Have you been part of any other Fire Department or Ambulance Service? If yes, fill out the below information		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Department:	Acting Supervisor or Chief:		
Address:	Phone Number:		
Position:	Reason for Leaving:		

I understand that prior to acceptance or answering any fire call, I may be required to pass the physical agility test and drug test as prescribed by the Southern Valley Fire & Rescue. I understand that the initial cost will be paid by the Southern Valley Fire & Rescue. Any additional or follow-up test may be the responsibility of the applicant.

I understand that this is a volunteer commitment and that I am committed to make at least the minimum of 50% of trainings as well as 50% of the business meetings. I am committed to make every effort to get certified in Fire Fighter 1 or EMR and will adhere to all by-laws created by Southern Valley Fire & Rescue.

I understand any physical agility testing may involve vigorous physical testing that can cause serious injury or even death. With a full understanding of the potential risks, **I ASSUME THE RISKS OF VOLUNTARILY PARTICIPATING IN THE PHYSICAL AGILITY TESTING.** On behalf of myself, my successors, assigns, heirs, and representatives, **I WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND INDEMNIFY**, the Southern Valley Fire & Rescue and Essentia Health System regarding any liabilities or claims for personal injury, death, or damages of any kind arising out of my participation in the physical agility testing, except those liabilities or claims that arise out of the sole negligence of the Southern Valley Fire & Rescue or their officers, employees, agents, or representatives.

I also authorize the Southern Valley Fire & Rescue to make a thorough investigation of all statements contained in this application, by employment, education and other activities, and I hold harmless and indemnify the Southern Valley Fire & Rescue against any liability which might result from making such investigations. I also agree that if any misrepresentations have been made by me herein or the results of that investigation are not satisfactory for any reason, any offer of membership made by the Southern Valley Fire & Rescue may be terminated.

It is the policy of this organization to provide equal opportunities without regards to race, color, religion, national origin, gender, sexual preference, age, disability, marital or veteran status, or any other protected status.

Candidate Signature:	Date:
Southern Valley Fire Representative Signature:	Date:

Please mail to Southern Valley Fire & Rescue, 413 Main St, PO Box 203, Horace, ND 58047 or email to admin@horacefire.com or feel free to drop off at the fire station.