



# JAMESTOWN FIRE DEPARTMENT

INCORPORATED 1897



Telephone 401-423-0062  
Fax 401-423-7278

50 Narragansett Avenue  
Jamestown RI 02835

## Application for Membership

I, \_\_\_\_\_ hereby make an application for membership in the Jamestown Volunteer Fire Department. Please check the following division(s) that apply:

Fire Division(\*)       Tanker Division(\*)       EMS Division       Auxiliary Division

Note(\*): All members of the Fire/Tanker divisions must reside or work in Jamestown

Upon acceptance of this application, trainees are assigned to the EMS and/or Fire Training Company. Trainees must be at least 15 years old.

Upon completion of at least one (1) year on a Training Company, trainees will become eligible for full membership and assignment to a company. Full members must be at least 18 years old.

By submitting this application, you are agreeing

1. To allow the Fire Department to conduct a Police background check.
2. To abide by all Fire Department By-Laws, rules, policies and procedures.

The following information is required for the department's permanent records:

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

Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Driver Lic. No. \_\_\_\_\_

\_\_\_\_\_ Blood Type: \_\_\_\_\_

Do you have a valid/unexpired CPR Card? Y/N ....

If YES, expiration date: \_\_\_\_\_

If NO, make arrangements with your training officers to get this.

Contact Info:

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

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

Phone Carrier\*\* (AT&T, Sprint, etc...): \_\_\_\_\_

\*\* : JFD uses a message sending system (FireManager) to notify members of events and company business. It sends emails and texts. To receive text messages from this system (optional) we need your Phone Carrier.

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

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

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

Please list all relevant work experience. Include any previous firefighting experience, military service, college classes, etc. Attach copies of completion certificates, awards, decorations or DD-214 (if applicable).

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### **Applicant Medical History**

- 1) Do you have any ALLERGIES? (medications?, food, stings, etc...) \_\_\_\_\_
- 2) Do you have impaired vision or hearing? \_\_\_\_\_
- 3) Do you have any history of cardiac or lung conditions? \_\_\_\_\_
- 4) Do you have any communicable diseases (Tuberculosis, Hepatitis, etc..) \_\_\_\_\_

The Jamestown Fire Department is called upon to perform activities which can be extremely mentally and physically taxing. Please list any physical or mental conditions that could limit your ability to participate in these activities.

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I understand the above statement and certify that all information contained in the application is complete and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (REQUIRED if 18 or less) \_\_\_\_\_ Date: \_\_\_\_\_