

**Honesty-Integrity**



**Loyalty to Service**

# **Lake Jericho Volunteer Fire and Rescue Department, Inc.**

*(established 1997)*

## **Membership Application**

(Ver. 1.01/01-17-10)



# Lake Jericho Volunteer Fire and Rescue Department, Inc.

531 Lake Jericho Road, Smithfield, Kentucky 40068-7980  
P.O. Box 267 Pendleton, Kentucky 40055  
Telephone and Fax: 502-845-2104

We are delighted that you are interested in becoming a member of the Lake Jericho Volunteer Fire and Rescue Department, Inc. (LJVFR). The LJVFR department was established in 1997 by a forward-thinking group of members from various other organizations, and committed members of the community whom was led by our now retired Fire Chief Guy Coombs, and who recognized the impending growth of our community and the need for an organization that was dedicated to life, safety, fire protection and rescue provision of service. We look forward to your becoming a part of this dedicated effort to support your family, neighbors and community.

## **Please Review the Following Information**

Read the descriptions for each of the following types of memberships that we offer. Choose the one that best suits your situation or needs. Complete the appropriate application using black ink. If more space is needed, please attach a secondary sheet to this application. Failure to follow any of these instructions or provide all information requested could delay the processing of your application.

## **General Membership Eligibility Requirements**

The membership shall consist of members who live or work in Smithfield, Pendleton, Sulfur and other close surrounding areas at the time of application for membership as approved by the Fire Chief.

## **Application Notes**

- All information in this application process, either written or verbal (including social security number), is in confidence and will not be released to any other person or organization, except where required by law, for the purpose of documentation, background checks, or other reason as may be disclosed at the time of membership interview.
- This information provided in this application or as may be disclosed and documented by the Interviewer, is required to be maintained by the LJVFR for a period of one-year in the event that you decline or are denied membership opportunity.
- An applicant is required to be interviewed by the Membership/Recruitment & Retention Committee, or other designated representative of the LJVFR, prior to being presented to the company membership for approval.
- Once an applicant is accepted into membership, all applicants are subject to a six (6) month probationary period before being voted into full membership.
- Upon acceptance as a new member, you will be assigned a officer and provided, or have accessibility to, the LJVFR Constitution & By-Laws, House & Grounds Rules, Standard Operation Procedures and other such documentation as may be deemed appropriate.
- All applicants will be required to have a background check.
- Any applicant or member at any level may be at the discretion of our fire chief required to submit to a drug/alcohol analysis, full field criminal history background check, and a current Department of Motor Vehicle drivers history.



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## Membership Types (Please check the one that you are applying for):

\_\_\_\_\_ **Active Member:** A person who is eighteen (18) years of age or older. A person who participates in the operations of this organization as set forth by the Board of Directors and the Company's operating rules and procedures (SOP's). This person will actively participate in training, emergency operations and fund raising activities on a regular basis. These members may take part in fire and/or rescue services within the department. These members must complete the minimum required training as outlined in the SOP manual, within one year of the election to membership, and will have to fulfill any and all guidelines as set forth by the fire chief.

\_\_\_\_\_ **Support Member:** Any person who does not wish to provide direct Fire/Rescue service to community, yet wishes to volunteer their services by actively participating in company activities. These members may be called upon to be part of various committees, activities or fundraisers, which may be in part, due to work or life-experiences that you express on your attached application. This person will be expected to participate in fund raising activities, which support the general mission of the Lake Jericho Volunteer Fire and Rescue Department. This membership is non-operational (as set forth by the By-Laws and SOP's).

\_\_\_\_\_ **Cadet Member:** Any person 15 to 18 years of age and not graduated high school, who desires to eventually become a senior member. These members must participate in regular training, emergency operations, and fund raising activities. Upon their eighteenth birthday they must apply for senior membership. This member must complete the minimum required training, as outlined in the SOP manual, within one year of their election to Senior Membership.

NOTE: The failure to acquire the minimum training requirements for Senior and Cadet membership could result in dismissal of membership with the Lake Jericho Volunteer Fire and Rescue Department, or moved to other membership status.

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Signature of Applicant

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Date

It is the responsibility of the applicant to provide, along with this application:

1. Copies of all fire/rescue/medical related training documentation (if any).
3. Copies of all license, and certification cards to be considered in the evaluation for membership.
4. Copy of your driver's license.



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## MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Date of Application Social Security Number

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Street Address City/Town State Zip Code

\_\_\_\_\_  
Home Phone (required) Work Phone (optional) Cell Phone (optional)

\_\_\_\_\_  
E-mail address (optional) What is the best way to contact you? \_\_\_\_\_

\_\_\_\_\_  
Employer/School Occupation

\_\_\_\_\_  
Employer/School Address City/Town State Zip Code

\_\_\_\_\_  
Employer/School Phone Employer/School Fax Phone Work E-mail Address (optional)

\_\_\_\_\_  
Driver's License Number State Restricted?: [YES] [NO] How?

**YOU WILL BE REQUIRED TO PROVIDE YOUR CURRENT DRIVER'S LICENSE  
OR OTHER FORM OF IDENTIFICATION AT THE TIME OF INTERVIEW PROCESS**

Level of Education: \_\_\_\_\_ Graduate? [YES] [NO] College: \_\_\_\_\_ Graduate? [YES] [NO]  
Years High School Years College

\_\_\_\_\_  
Field of Education Other Formal Education/Training

Please provide any other education or training information you have which may be beneficial to  
this organization (i.e. typing, bookkeeping, mechanical, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## Membership Application

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Have you ever been convicted of a crime? [YES] [NO] If [YES], please identify:

Date	Offense	Outcome

Date	Offense	Outcome

(use the of back of application if additional space is required)

At such time that your position or responsibility with the LJVFR requires or involves the operation of emergency vehicles, your driving record may be required

**Your driving record or the conviction of any crimes, will not be a sole determining factor in the acceptance or rejection to membership**

Have you ever been a member of another fire, rescue or ambulance service? [YES] [NO] If YES:

Where	In what capacity and duties

Do you have any other health, medical, rescue or other specialized training? [YES] [NO] If YES:

Where	What – please describe

Please attach copies of any certifications or other documentation

Please provide three (3) personal references that we may contact:

Name	Phone	Relationship/How you know

Name	Phone	Relationship/How you know

Name	Phone	Relationship/How you know

In a few words, please state why you want to become a member/volunteer of the LJVFR:

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In case of emergency, who should be contacted: \_\_\_\_\_

\_\_\_\_\_ Relationship to you Phone Number

### OPTIONAL INFORMATION

(may be required upon acceptance into membership or training)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: [Male] [Female]  
Month Day Year

Married ("significant other"): [YES] [NO] Name: \_\_\_\_\_

Address (if different from your own): \_\_\_\_\_

All applicants will be considered for membership into this volunteer based organization. However, many duties and functions as an emergency responder requires certain physical and mental attributes that may be prescribed by Federal, State, County and local government entities as well as our department dictates.

(If you have ANY identified physical or other limitations, you may be asked to provide a doctors authorization/release. Some medications or medical conditions may limit participation in certain duties, responsibilities or activities)

**I certify that all information contained, herein, or provided in support of my application for membership, is true to the best of my knowledge, and agree that any misrepresentation, falsification or omission of facts may justify my denial of membership and/or dismissal. By signing this application, I authorize the LJVFR to contact any individuals, employers or other parties, as may be required for background information and verification.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicants between the ages of 15 to 18 must attach a current work permit. Cadet members who are students must submit a copy of their most recent grade card with this application, and maintain a 2.0 GPA or better. Cadet applicants need to obtain the approval and signature of a parent or guardian and have notarized.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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~ THIS PAGE FOR USE BY MEMBERSHIP/RECRUITMENT COMMITTEE ONLY ~

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

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References contacted:

1) \_\_\_\_\_ Comments: \_\_\_\_\_

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

2) \_\_\_\_\_ Comments: \_\_\_\_\_

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

3) \_\_\_\_\_ Comments: \_\_\_\_\_

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

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Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Membership Committee approval: [YES] [NO] If [NO], reason: \_\_\_\_\_

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Level of membership: [ACTIVE] [CADET] [SUPPORT]

Date submitted to Membership: \_\_\_\_\_ Date anticipated probation ends: \_\_\_\_\_

Membership info packet given to new member: \_\_\_\_\_ By: \_\_\_\_\_

NOTES: \_\_\_\_\_

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