

Raymond Volunteer Fire Department

Membership Application

Name: Last:	First:				MI SSN:		
Street Address:			City:_		S	it.:	_ Zip:
Phone Numbers with area coo	des:					Years	
Home:	_ Cell:		Work:			reside	nt ence:
Previous Address:			City:_		S	St.:	_Zip:
Are you at least 18 years old?	Yes	No		Date of	of birth (mm/dd/ye	ear)? _	
Have you ever been convicted	d of a felony?	Yes	No	If yes, please explain:			
Are you currently a United Sta	ates citizen?	Yes	No				
Do you currently have a Nebra	aska driver's li	cense?	Yes	No			
Driver's License Number:			I	Expiration	Date (mm/dd/yea	ar):	
 Please provide a driver Lincoln, Nebraska 685 		ich can be ob	tained at the	NE Dept.	of Motor Vehicle	s, 301	Centennial Mall So.,
Level of Education: (Check all that apply.)		GED	ED HS Graduate Sor		Some Colle	ge	College Graduate
Will you submit to a background check?		Yes	No				
Do you currently possess a valid NE EMT or Paran			_icense:	Yes	No		
Firefighter I?Firefighter II?	Yes Yes	No No					
Do you currently hold a valid	CPR card?	Yes	No				
Please list any other experien	ce here:						
I certify that the information contained in this application is accurate and complete. By signing, I also authorize the verification of any or all information listed above my signature.							
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