



## Membership Application

Thank you for your interest in joining the Montana City Volunteer Fire Department. Applications must be completed, signed, and returned to the department for processing. They may be mailed to MCVFD, Attn. Membership Application, PMB 2094, 1 Jackson Creek Rd., Clancy, MT, 59634 or delivered in person to any officer. Applications are accepted at any time. Applications will be processed when there are vacancies in the department. Applicants may be eliminated from consideration at any stage of the application process. Previous experience with fire/rescue/EMS will be taken into consideration but is not required.

### Minimum Requirements for Membership

- Must be over the age of 18 years
- Must have a high school diploma or equivalent
- Must pass a criminal background check
- Must reside within 10 miles of a Montana City Fire Station
- Must not be a member of any other volunteer fire department

### Membership Process

- Submit a completed application and photocopy of Driver's License
- Upon vacancies, applications are processed including criminal background and driving records checks
- Application is considered by current members at a regular business meeting
- Applicant will be notified by mail of the status of their application.

### About Membership

- All necessary training and equipment are provided to members free of charge.
- All New Members without current certifications are required to complete basic classes in hazardous materials, structural firefighting, wildland firefighting, CPR, and the Incident Command System (ICS). This training is typically provided on evenings and weekends to avoid interfering with regular work hours.
- Members are required to complete at least 30 hours of department approved continuing education each year to remain a member of the department.
- Members carry a pager and respond to a wide variety of emergency service calls in the Montana City Rural Fire District and surrounding areas.
- Qualifying Members have access to Montana PERA Volunteer Firefighters' Compensation Act (VFCA) Retirement Benefit Plan.
- We understand that volunteers have busy lives, and work with our members whenever possible to come up with a level of involvement that works for the member and for the department.

**Montana City Volunteer Fire Department, Inc**  
PMB 2094  
1 Jackson Creek Rd.  
Clancy, MT 59634  
**Application For Membership**

1. Please type or print legibly using blue or black ink.
2. Ensure that all applicable sections are completed.
3. Mail or deliver along with a copy of your driver's license to an officer in an envelope marked "Membership Application".

**Section One: Personal Data**

Name: Last	First	Middle	Phone
Street Address		City	State      Zip Code
Date of Birth (MM/DD/YY) / /		Email Address	
MT DL # (Also Include Photocopy)	MT DL Endorsements	Days of Week/Hours you are available to answer calls	

**Section Two: Employment**

<b>#1</b>	Current or Most Recent Employer	Month/Year Employment Started	Month/Year Ended (or N/A)
	Complete Address	Reason for Leaving (or N/A)	
	Your Title or Position	Name & Title of Supervisor	Contact Phone Number
<b>#2</b>	Previous Employer	Month/Year Employment Started	Month/Year Ended (or N/A)
	Complete Address	Reason for Leaving (or N/A)	
	Your Title or Position	Name & Title of Supervisor	Contact Phone Number

**Section Three: References**

Please list two persons who have known you at least 3 years and are not previous employers, are not relatives, and do not live with you.

<b>#1</b>	Name	Complete Address
	How does this reference know you?	Phone Number
<b>#2</b>	Name	Complete Address
	How does this reference know you?	Phone Number

**Section Four: Education**

<b>#1</b>	Name of High School	Diploma Received Y / N / GED	Year of Completion
<b>#2</b>	Name of College/University/Technical School	Degree or Certification	Year of Completion
<b>#3</b>	Name of College/University/Technical School	Degree or Certification	Year of Completion

**Section Five: Fire/Rescue/EMS Experience**

<b>#1</b>	Current/Previous Fire/Rescue/EMS Department Affiliation	Membership Dates	Telephone Number
	List Positions or Ranks Held and Relevant Training (Attach copies of certifications)		
	Current Status with Organization or Reason for Leaving		

**Montana City Volunteer Fire Department, Inc  
Application For Membership (Cont.)**

**Section Five: Fire/Rescue/EMS Experience (Cont.)**

<b>#2</b>	Current/Previous Fire/Rescue/EMS Department Affiliation	Membership Dates	Telephone Number
	List Positions or Ranks Held and Relevant Training (Attach copies of certifications)		
	Current Status with Organization or Reason for Leaving		

**Section Six: Miscellaneous**

Yes	No	Place an "X" in the appropriate box. If you answer "yes" to any question below please attach or include an explanation with your application.
		Have you ever been convicted of a crime?
		Have you ever applied for membership in Montana City Volunteer Fire Department before now?
		Have you ever applied to and been turned down for membership in any Fire/Rescue/EMS Department before now?
		Are you currently a member of another volunteer fire department?
		Do you live more then 10 miles from the closest Montana City Fire Station?
		Have you been a resident of the Montana City Area for less than six months?
		Are there any violations on your driving record?

**Section Six: Certification and Authorization**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for denying volunteer membership.

I understand that neither the acceptance of this application nor the subsequent entry into any type of relationship with the Montana City Volunteer Fire Department creates an actual or implied contract of employment. I understand that if I accept a position it will be on a volunteer basis. This means that either Montana City Volunteer Fire Department or I have the right to terminate the relationship at any time, for any reason, with or without cause.

I authorize Montana City Volunteer Fire Department to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed volunteer position. I release the Montana City Volunteer Fire Department and its members from all liability arising from such investigation.

I have reviewed the requirements of membership and I understand that any offer of membership will be dependent upon the completion of required criminal background and driving record checks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department Use Only**

	Checked By	Date	
Mandatory Minimums	_____	_____	(Over 18, Within 10 Miles, Diploma, No other VFD)
References	_____	_____	
Criminal Background	_____	_____	
Driving Record	_____	_____	
Medical Check	_____	_____	
Invitation Sent	_____	_____	
Meeting Attendance	_____	#1 _____	#2 _____ #3 _____
Membership Offered	_____	_____	
Membership Accepted	_____	_____	