



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 will be taken into consideration but is not required.

Minimum Requirements for Membership

- Must be over the age of 18 years
- Must have resided in the Montana City area for at least 6 months
- 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 may be invited to next business meeting
- After applicant has attended three consecutive meetings a vote of the membership will be held on whether to extend an offer of membership to the applicant.

About Membership

- All necessary training and equipment are provided to members free of charge.
- New Members are required to complete classes in hazardous materials, structural firefighting, wildland firefighting, CPR for health care providers, and the Incident Command System (ICS).
- New Members should expect at least 100 hours of required training in their first year. This training will be provided on evenings and weekends whenever possible.
- Members are required to complete at least 30 hours of department approved training each year to remain a member of the department.
- Members are required to regularly attend business and training meetings.
- Members carry a radio pager and respond to structure, wildland, rescue, and service calls.
- Members are assigned to a station based on the location of their residence or workplace.
- Benefits include access to Montana PERS Retirement Plan and Worker's Compensation and Accidental Death/Dismemberment Coverage.

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 your are available to answer calls		

Section Two: Employment

#1	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
#2	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.

#1	Name	Complete Address
	How does this reference know you?	Phone Number
#2	Name	Complete Address
	How does this reference know you?	Phone Number

Section Four: Education

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

Section Five: Fire/Rescue/EMS Experience

#1	Current/Previous Fire/Rescue/EMS Department Affiliation	Membership Dates	Telephone Number
	List Postitions 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.)

#2	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 you unable to perform strenous physical labor?
		Are there any violations on your driving record?

Section Six: Certification and Authorization

I certify that I have read and that I fully understand this application. I also certify that all of the information is true and complete to the best of my knowledge.

By signing this application, I am authorizing the Montana City Volunteer Fire Department, through its duly authorized representatives, to conduct a thorough and comprehensive background investigation of my personal life and work history, in order to determine my suitability for membership. By signing this application I am granting the Montana City Volunteer Fire Department access to all records and I authorize the release of all information held by any individual or organization. By signing this application, I am acknowledging that I understand that should any information given on, or as a result of this application, be false, misleading or erroneous, it may result in the the rejection of my application for membership, or in my discharge from the Montana City Volunteer Fire Department.

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.

This application does not constitute an offer of membership in the Montana City Volunteer Fire Department. If offered membership I agree to abide by all Bylaws, Policies, Procedures, and Regulations of the Montana City Volunteer Fire Department, and to assist to the best of my ability in the voluntary work necessary for the operation and maintenance of the Montana City Volunteer Fire Department.

Signature

Date

Department Use Only

	Checked By	Date	
Mandatory Minimums	_____	_____	(Over 18, Within 10 Miles, 6 months res., No other VFD)
References	_____	_____	
Criminal Background	_____	_____	
Driving Record	_____	_____	
Medical Check	_____	_____	
Application Reviewed at Meeting	_____	_____	
Invitation Sent	_____	_____	
Meeting Attendance	_____	#1 _____ #2 _____ #3 _____	
Membership Offered	_____	_____	
Membership Accepted	_____	_____	