

**EAGAR FIRE DEPARTMENT
SUPPLIMENTAL APPLICATION FOR MEMBERSHIP**

Personal Doctor's Name: _____ Phone: _____

Medical Insurance Company: _____

Level of Physical Health: (circle one) Excellent Good Fair Poor

Date of last physical and Doctor's Name:

Medical Information:

Height: _____ Weight: _____ Race: _____ Hair: _____ Eyes: _____ Blood Type: _____

Allergies: _____

Medications:

List any medical impairment or handicap that would prevent you from performing physical activity during an emergency situation:

Do you posses a valid Arizona driver's license? _____

Date of Birth _____ License Number _____ Exp. _____ Class _____

Do you have a reliable means of transportation and would you be able to respond to a fire call in such a vehicle?
_____.

Vehicle Insurance Company: _____ Policy # _____

Answer all of the following questions. If you answer yes to any of the following questions, elaborate on the back of the form.

Have you ever been terminated from a job for not performing your specific duties? _____

Would there be a conflict with your personal or work schedule in being called to fight a fire at any time? _____

What hours can you respond? _____

Do you live outside a 5 mile radius of the Town of Eagar? _____

List any previous training or experience you have in fire fighting to include city, county, state, federal or private company.

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Level of Emergency Medical Training you have received.

_____ First Responder _____ E.M.T. _____ I.E.M.T. _____ PARAMEDIC

Other (list) _____

EQUIPMENT INFORMATION:

Head Size: _____ Waist: _____ Inseam: _____ Shirt Size: _____ Coat Size: _____

Shoe Size: _____ Sleeve Length: _____ Glove Size: _____

Equipment Assigned to Member (initial)

_____ Helmet/Face Shield	_____ Nomex Hood
_____ Turn-out Coat	_____ Pager s/n _____
_____ Turn-out Pants	_____ Charger
_____ Suspenders	_____ Station Key
_____ Boots	_____ Department License Plates
_____ Gloves	_____ Flashlight

PERSONAL INFORMATION:

Married: _____ Wife's Name: _____ Phone

Emergency Contact: _____ Phone

NOTICE OF DISCLOSURE

I understand that I will be responsible for all items of gear and equipment assigned to me, for loss, theft or misuse of said gear/equipment. I further understand that all gear/equipment is to be used only for authorized Department functions and training purposes in the service of the Town of Eagar.

It is also understood that should I be dismissed or resign from the Eagar Fire Department for any reason, I will immediately return any and all assigned gear/equipment to my senior officer or Department Chief.

Signed: _____ Date: _____