



**PO Box 426**  
**Cuba, NM 87013**  
**Phone: (575) 289-3456**  
**Fax: 575-289-2682**

## **VOLUNTEER MEMBERSHIP APPLICATION**

### **PERSONAL INFORMATION**

Name Last, First, MI			
DOB	SSN	Drivers License #	State
If a Minor, Guardian Name			

### **CONTACT INFORMATION**

Primary Phone #		Alternate Phone #	Email Address	
Mailing Address			Apt#	City
State	Zip Code		Is this your physical address? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please provide physical address below.	
Physical Address			Apt #	City
State	Zip Code			

### **WORK INFORMATION**

Current Employer			Position	
Supervisor	Contact Number	Fax Number	Years at Employer	
Duties				
Are you a US Citizen?				

**APPROVAL DATE:** \_\_\_\_\_ **PROBATION:** \_\_\_\_\_ **SPONSOR:** \_\_\_\_\_

## WORK HISTORY

Please complete the information below for the last three years of employment, including volunteer work.

Employer Name		Position		
Supervisor	Contact #	Fax #	Dates Employed	
Address		City	State	Zip
Duties				
Employer Name		Position		
Supervisor	Contact	Fax	Dates Employed	
Address		City	State	Zip
Duties				
Employer Name		Position		
Supervisor	Contact	Fax	Dates Employed	
Address		City	State	Zip
Duties				

Attach additional sheets as needed after last page of application.

## EDUCATION

High School	City	State	Graduate Year	Diploma Received?
College, University, Technical School	City	State	Graduate Year	Degree/Certificate
College, University, Technical School	City	State	Graduate Year	Degree/Certificate

College, University, Technical School	City	State	Graduate Year	Degree/Certificate
Additional Skill/ Training				

Please attach all pertinent certification copies to the back of this form.

## BACKGROUND

Cuba Volunteer Fire Department conducts a criminal background check on all applicants to the volunteer program. -Please answer all questions honestly.

Have you been convicted of a felony within the past 3 yrs? If yes, please, provide a letter of explanation including dates and references.	Yes	No
Have you EVER been convicted of a DWI? please provide a letter of explanation including dates and references.		
Have you been cited for reckless driving within the past 3 years? If yes, please provide a letter of explanation including dates and references.		
Are you a registered sexual offender? If yes, please provide a letter of explanation including date, references and registration number.		
If you are an EMT, have you ever had corrective action taken against you by a licensing agency? If yes, please provide a letter of explanation including dates and references.		

## REFERENCES

1	Name	Occupation	Phone*	Relation	Years Known
	Address		City	State	Zip
2	Name	Occupation	Phone	Relation	Years Known
	Address		City	State	Zip
3	Name	Occupation	Phone	Relation	Years Known
	Address		City	State	Zip

By signing below, you acknowledge that all enclosed information is true and accurate. You also allow The Cuba Volunteer Fire Department to conduct all necessary background investigations. All incomplete applications shall not be reviewed, and a false application is grounds for dismissal from the application process.

\_\_\_\_\_  
Applicant/ Guardian Signature

\_\_\_\_\_  
Date