

**C.R.I.T. Fire Department**

**VOLUNTEER APPLICATION FOR MEMBERSHIP**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE \_\_\_\_\_

MARITAL STATUS  
Single      Married

SOCIAL SECURITY #: \_\_\_\_\_

CRIT TRIBAL MEMBER \_\_\_\_\_ ENROLLED OTHER TRIBE \_\_\_\_\_ NON TRIBAL \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

HOURS OF AVAILABILITY: \_\_\_\_\_ A.M. WEEKDAYS \_\_\_\_\_

\_\_\_\_\_ P.M. WEEKENDS \_\_\_\_\_

**EDUCATION**

YEAR GRADUATED HIGH SCHOOL \_\_\_\_\_

GED DATE RECEIVED \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_

COLLEGE/VOCATIONAL/TRADE SCHOOL & AREA OF EMPHASIS GRADUATED \_\_\_\_\_

**MILITARY SERVICE**

BRANCH \_\_\_\_\_ SERIAL # \_\_\_\_\_

DATE OF ENTRY: \_\_\_\_\_ HONORABLE DISCHARGE DATE \_\_\_\_\_

OTHER TYPE OF DISCHARGE: \_\_\_\_\_

**PREVIOUS FIREFIGHTING EXPERIENCE (If Applicable)**

Name of Company/Organization \_\_\_\_\_

Address; \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Date of Service \_\_\_\_\_ to \_\_\_\_\_

Training Certifications (present copies w/application) \_\_\_\_\_

**VEHICLE**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

**PHYSICAL**

PHYSICAL AILMENTS/DISABILITIES INCLUDING MAJOR SURGERIES: \_\_\_\_\_

Blood Type: \_\_\_\_\_

AT YOUR OWN EXPENSE

Are you willing to take a physical exam: \_\_\_\_\_ A yearly exam \_\_\_\_\_

Date of Last Yearly Physical: \_\_\_\_\_

**EMERGENCY CONTACT**

Name of Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: Day Time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Physical Address \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME within the Past six (6) months? \_\_\_\_\_  
within one (1) year? \_\_\_\_\_

EXPLANATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this application I hereby state that the information provided is true and correct and complete to the best of my knowledge and belief. I further affirm that should investigation at any time disclose any misrepresentation or falsification my application may be rejected with removal from further consideration. I hereby authorize the Colorado River Indian Tribes Fire Department to initiate necessary and appropriate investigations allowable by law to verify the information that I have provided.*

\_\_\_\_\_  
Applicant's Signature Date

**STOP HERE PACKET WILL BE COMPLETED UPON ACCEPTANCE TO VOLUNTEER ASSOCIATION  
For Administrative Use Only**

RECEIVED APPLICATION DATE OF: \_\_\_\_\_

CONTACTED APPLICANT VIA : \_\_\_\_\_ Phone \_\_\_\_\_ In-Person \_\_\_\_\_ Mail Date \_\_\_\_\_  
(For interview)

DATE OF INTERVIEW: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

ACCEPTED \_\_\_\_\_ DENIED ENTRY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**RECEIVED STANDARD OPERATING RULES AND REGULATION BOOKLET  
CRIT Volunteer Fire Personnel**

I have received the Rules and Regulations for the Volunteer status of the C.R.I.T. Fire Department. I will take the time to read the booklet issued to me and will abide by the operating rules and regulations set for by the CRIT Fire Department.

I understand that if there are any questions or clarifications regarding the rules and regulations set forth I WILL IMMEDIATELY CONTACT THE FIRE CHIEF OR if unavailable THE ASSISTANT FIRE CHIEF or the Fire Chief's representative.

RECEIVED RULES & REGULATIONS ON \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT RECEIVING RULES & REGULATIONS