

GOODVIEW FIRE & RESCUE APPLICATION FOR MEMBERSHIP

I, _____, hereby make application for membership in the Goodview Volunteer Fire Department, Goodview First Responder Squad, or both entities.

Check the Appropriate Boxes:

- Fire
- Rescue
- Fire & Rescue

I reside within 10 minutes of the City of Goodview city limits and my home address is:

_____.

I certify that I am over 18 years of age. My date of birth is _____. I understand that if I am over 35 years of age, I will be required to submit a comprehensive physical examination at the Fire Department's cost.

Day Phone #: _____ Night Phone #: _____

Email Address: _____

Driver's License #: _____

Please Check one or both for availability: Day _____ Night _____

Signature: _____

Date: _____

MN CCH _____

Local _____

MN DL _____

FBI _____

OVER 

Date: _____

The following named individual has made an application with the City of Goodview for the Goodview Volunteer Fire Department and First Responders:

Please Print

Last Name: _____

First Name: _____

Middle Name: _____

Maiden, or Former if Applicable: _____

Date of Birth (MM/DD/YY): _____ Sex: (M or F) _____

Social Security Number: _____

Check this box if you have not resided in the State of Minnesota for 5 years or longer.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Goodview Fire & Rescue for the purpose of employment with this agency as pursuant to Minnesota state statute 299F.035.

DO NOT SIGN UNLESS IN FRONT OF A NOTARY

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant:

Date:

This Informed Consent Form was executed and acknowledged before me on this:

____ day of _____, 20____

Notary Public

