

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 Appropriate Box:

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 to a comprehensive physical examination at the Fire Department's cost.

Day Phone #: _____ Night Phone #: _____

Email address: _____

Drivers License: _____ State: _____

Availability for calls: _____ Day _____ Night

Signed: _____ Date: _____

(OVER→)

MN CCH _____
Local _____
MN DL _____
FBI _____

CITY OF GOODVIEW
INFORMED CONSENT FORM
4140 FIFTH STREET
GOODVIEW, MN 55987
507-452-1630 (City Hall)
507-452-1500 (Police Dept.)

Date: _____

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

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (Full) (please print): _____

Maiden, Alias, or Former (please print): _____

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

Social Security Number (Optional): _____

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.

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