



ALBANY COUNTY FIRE DISTRICT #1  
APPLICATION FOR ACTIVE FIREFIGHTER MEMBERSHIP

**Applicant Prerequisites:**

- ❖ Must be a US resident or citizen and be able to respond to incidents within district area
- ❖ Must be at least 18 years of age.
- ❖ Must successfully pass a State of Wyoming Criminal History/Background Check.
- ❖ Must be able to attend a minimum of 50% of department meetings 50% of trainings per year and a minimum 10% of incidents over 2 years \*(or alternate).
- ❖ Must maintain the physical and training requirements for the position
- ❖ Should maintain a valid Driver's License
- ❖ Should possess a High School Diploma or Equivalent

**Instructions to Applicant:**

- Upon Application for Active Fire Fighter Membership acceptance and approval, applicant will need to submit Background Check information
- Supply a valid photocopy of your Driver's License or photo id.
- Upon acceptance, Work with department trainer or chief to obtain S130/190, L-180 training.

*The essential job functions of a firefighter in the Albany County Fire District #1 include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments with extreme temperature, elevated levels of stress, and at elevated heights.*

Which area are you most interesting in serving? \_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ email address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PRIOR EXPERIENCE**

Are you currently a member of another fire district/department, ambulance, or rescue squad:

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please complete the following:

Department/District Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

Are you presently applying to, or have you ever applied for membership with another fire district/department, ambulance or rescue squad, either paid or volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES, please indicate for who and how long \_\_\_\_\_  
*(If you were a member of the Albany County Fire District #1 in the past, please include that here.)*

**\*OPTIONAL - PREVIOUS COURSE WORK, CERTIFICATIONS, AND TRAININGS.**

List below the fire, rescue, emergency, hazardous materials certifications, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed. **Please do not submit originals.**

By submitting this application, I attest the information is true to the best of my knowledge and I consent to ACFD1 to perform my background and driving record check.

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed