



Riley Fire Department

327 N Main St
Riley, KS 66531

(785) 485-2261
rileyfiredept@cityofriley.com
www.cityofriley.com

Membership Application

Date of Birth: _____ Application Date: _____
Social Security #: _____

_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Home Address	City	State	Zip

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Driver's License #: _____ State: _____ Class: _____ Exp: _____

Beneficiary Information:

Primary _____
Secondary _____

Emergency Contact Information:

Name: _____
Phone: _____
Address: _____

Please list any previous firefighting experience, department memberships, or training received.
(i.e. - CPR, FFI, Vehicle Extrication, etc.)

Firefighting activities, including training, may involve strenuous activities, smoke inhalation, and other activities associated with firefighting. Do you have any physical condition that would interfere with your ability to perform these duties? Yes _____ No _____ If yes, please explain:

I understand that I must maintain a minimum of 24 hours of documented training hours to remain an active member of the department. Failure to do so may result in suspension or termination from the department. **Initial Here** _____

I also understand the Riley Fire Department requires a background check and initial drug screening in order to be considered for a position on the department. I give the Riley Fire Department permission to perform a background check and set up a time for initial drug screen. **Initial Here** _____

I certify that all of the above personal information is true and correct to the best of my knowledge. I also certify that I have read and understand the disclaimer and requirements set forth to remain an active member of the Riley Fire Department. By signing I accept this and wish to be considered for the position of volunteer firefighter with the Riley Fire Department and follow the guidelines set forth by the department.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Application Received: _____	Accepted / Declined: _____
Drug Screening Date: _____	Result: _____ Background Check: _____
Fire Chief: _____	Date: _____
Assistant Chief: _____	Date: _____
Approved By Riley City Council: _____	Date: _____