

ROBINS VOLUNTEER FIRE DEPARTMENT
225 South 2nd St
Robins, IA 52328
319-395-7174
MEMBERSHIP APPLICATION

This completed form will be submitted to the Robins Volunteer Fire Department's secretary during the regular business meeting. All applications will be subject to a limited background investigation and will be required to sign an information release form. All applicants must be at least 18 years old to join. Under-age applicants are eligible for a junior fire fighter position and their JFF application must be filled out and signed by a parent or guardian and the chief.

The RVFD is a funded department and no out-of-pocket expenses are anticipated. The Robins Fire Department will pay for the completed EMR, EMT and AEMT schooling. All in-service training is free and each volunteer will receive a stipend of \$14.86 per meeting/training. All firefighters responding to a call for service will receive a stipend of \$30.47. These rates are as of fiscal year 2024-2025 and are subject to annual increases as the city council dictates. As a member, you will be expected to attend regular meetings, drills, work on committees and respond to calls for service.

Name: _____ DOB: ___/___/___ SS#: _____

Telephone#: H _____ Cell _____ Email _____

Address: _____ City: _____ State: ___ Zip: _____

Do you have a valid Iowa Driver's license: Yes ___ No ___ DL Number: _____

Your vehicle Insurance Company: _____ Telephone #: _____

Policy Number: _____ have you ever been suspended: Yes ___ No ___

Have you been convicted of any crime other than misdemeanor traffic charges? Yes ___ No ___ If so what was the charge/date _____

Are you: Married ___ Single ___ Divorced ___ Number of dependents _____

Spouse's Name _____ Emergency Contact # _____

Occupation: _____ Employer: _____ Phone #: _____

Are you able to leave work if an emergency occurs: Yes ___ No ___

Do you have prior fire fighter skills: Yes ___ No ___ if so what skills _____

Do you have prior EMS skills: Yes ___ No ___ if so what skills _____

If recommended by a present RVFD member, His/Her name _____

Your signature below verifies that all information you have provided on this application is true and valid and given with no intent to deceive or mislead.

Applicant Signature: _____ Date: _____

Revised 2024