



## **BAKERS VOLUNTEER FIRE DEPARTMENT**

Thank you for taking the time to apply with the Bakers Volunteer Fire Department. We have been serving since 1956. It is with the dedication of selfless volunteers that we are able to provide exceptional service that the community continues to rely on every day. Please take the time to complete the application in its entirety. There are a few required forms listed below. Please make sure to turn each of them in with the application. Any omission from this application will result in the application not being accepted and the candidate will be unable to proceed in the application process.



## **BAKERS VOLUNTEER FIRE DEPARTMENT**

# APPLICATION FOR MEMBERSHIP

## PERSONAL INFORMATION

Name: (Last, Middle, First)	Date of Birth:
Address: (Street, City)	Social Security Number:
	Subdivision:
Home #:	Cell/pager #:
Work #:	Email Address:

Race: (optional)	Gender:	Weight:	Height:
Hair:	Eyes:	Scars:	

Driver's License #:	State:	Type/Class:
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## TYPE OF MEMEBERSHIP

Which BVFD membership type do you have an interest in pursuing?

<input type="checkbox"/> REGULAR MEMBERSHIP [Fire Suppression (Firefighter/First Responder)] (18 years of age or older)
<input type="checkbox"/> JUNIOR MEMBERSHIP (16 or 17 years of age)

## EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:



## EMPLOYMENT HISTORY

List below all previous employers in last 10 years starting with most current: (use additional paper if necessary)

Current Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:

Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:

Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:

## REFERENCES

Please list **three** character references

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	

## CRIMINAL HISTORY

Have you ever been convicted of a Felony or Misdemeanor including moving traffic violations?

YES

NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES

NO

Have you ever forfeited a bond?

YES

NO

If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

If YES to any of these questions, explain in detail (use additional paper if needed).

**Supplemental Questions**

**City of birth:** \_\_\_\_\_ **State:** \_\_\_\_\_

**List all Previous Addresses for the previous 7 years**

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dates- From:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Name of someone who can confirm:** \_\_\_\_\_

**Phone number of same:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dates- From:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Name of someone who can confirm:** \_\_\_\_\_

**Phone number of same:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dates- From:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Name of someone who can confirm:** \_\_\_\_\_

**Phone number of same:** \_\_\_\_\_

Please read and sign:

I, \_\_\_\_\_ hereby make application for membership in the Bakers Volunteer Fire Department.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE BAKERS VOLUNTEER FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**For your membership application to be complete (BEFORE you turn it in), you must:**

- Provide all information requested in this application including signature (use N/A when an item is 'not applicable' to you)
- Complete Authorization to Release Information Form
- Junior Members: Must complete Junior Membership Form
- Provide copies of the following items
  - Driver's license
  - Birth Certificate
  - Social Security Card
  - Immunization Records
  - Relevant Certifications
  - SBI Identification Summary
  - Driving Record from state of residence for previous ten years

How did you hear about us? (for example, Friend / Local Posting / Webpage)



**FOR DEPARTMENT USE ONLY**

Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	

Type of Membership:		
<input type="checkbox"/> Regular	<input type="checkbox"/> Junior	

Date Presented to Executive Board:	
Executive Board Decision:	

Date Presented to Membership:	
Membership Decision:	

Date up for Regular Status:	
Regular Status Vote:	

**BAKERS VOLUNTEER FIRE DEPARTMENT  
MEMBERSHIP APPLICATION  
AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish the Bakers Volunteer Fire Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privilege nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility as a Member of the Bakers Volunteer Fire Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Volunteer Firefighter.

Applicants Signature \_\_\_\_\_,

Date \_\_\_\_\_

**Submit Application (Click Here)**