

Application For Membership
Estherville Volunteer Fire Department

Name First _____ Middle _____ Last _____
 DOB ____ / ____ / ____ S.S. # _____ Home Phone _____
 Home Address _____ Spouse Name _____
 Height _____ Weight _____ Last Physical _____ Doctor _____
 Valid DL _____ CDL _____ Restrictions _____ Ever Suspended _____
 Are you capable of heavy lifting _____ Climbing Ladders _____ Running _____
 Are you physically able to handle stress and excitement _____ Any Meds _____
 Do speak & understand the English language? _____ Speak other Languages _____
 Can you communicate with others clearly using a 2-way radio, telephone, in person _____
 Can you hear & understand normal spoken voice over radios, phones and in person _____

Employer _____ Address _____ W. Phone _____
 Position _____ Normal Shift _____ - Days _____ - Job out of Town _____
 Type of work you do _____ How Long at the Job _____
 Have you discussed this application with your employer? _____ Supervisor _____
 Can you leave work to respond to an emergency? _____ Sometime _____ For Training _____
 Are you available the 2nd Tuesday and Last Wednesday evening each Month _____
 List any days & hours that you are not available on a Regular Basis _____

Spouse Employer _____ Have you discussed this app with Spouse _____
 Names & Ages of children if applicable _____
 Do you take care of young children on a regular basis? _____ When? _____

Have you had training or experience in 1st Aid _____ Firefighting _____ Ladders _____
 Truck driving _____ Rescue _____ SCBA _____ Other Training _____
 List other organizations or activities that you take part in _____
 Hobbies _____
 Special abilities or areas of interest _____

Why would you like to be a member of the Estherville Volunteer Fire Department _____

I understand that this application will be submitted to the membership of the Estherville Fire Department following an interview with the fire officers. Upon approval I will be accepted as a trainee for a minimum of Six (6) months, at which time members will vote on acceptance as an approved member & when is an opening I could become and approved firefighter. I also state that I will attend meetings and training sessions and abide by the By-Laws and Constitution of the department. I will also comply with all departmental policies & rules as set forth by the Chief. I will take proper & reasonable care of all equipment assigned to me

Signature: _____ Date: _____

Application Accepted by _____ Date _____

Office Only	
Date of interview ____ / ____ / ____	Comments _____
Vote as trainee date ____ / ____ / ____	accepted/rejected _____ Probationary completed date _____
Approval by Training officer _____	Safety Officer _____
Vote as approved firefighter Date ____ / ____ / ____	accepted/rejected _____

Estherville Fire & Rescue Department
Information Disclosure Authorization

I, the undersigned, hereby authorize and grant my informed consent to release and make available to the City of Estherville and/or the Estherville Fire Department and/or its agents and/or representatives any and all information and documentation classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data that has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealing with you, your enterprise, organization or agency.

I understand that the purpose of permitting the City of Estherville and/or the Estherville Fire & Rescue Department and/or its agents and/or representatives to have access to this information is to determine my suitability for membership with the Estherville Fire & Rescue Department. I further understand that this information may subsequently be utilized for other purposes relative to my possible membership with the Estherville Fire & Rescue Department including verification of my records and analysis by consultants to the Estherville Fire & Rescue Department who may review my suitability for membership.

I, hereby authorize and grant my informed consent to permit you to make photocopies for the Estherville Fire & Rescue Department of data that concerns me and is in your possession, or any information about me that you may know.

A photographic copy of this authorization (being a photographic copy of the signature of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

This authorization shall be valid for a period of one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law, I reserve the right to, at anytime prior to expiration, cancel this written authorization by providing written notice to the Estherville Fire & Rescue Department or to you of that Fact.

Date this _____ Day of _____
(Day) (Month) (Year)

Signature

Social Security #

Print Name

Driver's License #

License State