Fountaintown Community Vol. Fire Department

Volunteer Firefighter



Mission Statement

The mission of the Fountaintown Community Vol. Fire Department is to provide quality service and prevent harm to the community we serve.

Vision Statement

Through accountability to those we serve, we promote the future of the Fountaintown Community Vol. Fire Department.

Core Values

Teamwork
Honesty
Integrity
Respect
Professionalism

Volunteer Firefighter Requirements:

- 1. Must be a U.S. Citizen
- 2. Must be at least 18 years of age
- 3. Have a High School Diploma or a GED
- 4. Firefighter requirements: Must live within 2 Miles of the boarder of Brandywine Township in Hancock County or Van Buren & Hanover Township in Shelby County. No Prior certifications or training is required. *applicants over the 2 mile board can apply for a level 5 membership.
- 5. Must Hold a valid Driver's License
- 6. Must not have any prior felony conviction(s)
- 7. Must not have been Dishonorably Discharged from the Armed Forces.
- 8. Must obtain Firefighter I & II certification and Emergency Medical Technician certification within 3 years of hire.

*ANY APPLICATION THAT IS NOT COMPLETE WILL BE THROWN OUT AND APPLICANT WILL NOT BE ALLOWED TO PROCEED *

No portion of the application should be left blank.

APPLICANT INFO

NAME:		_	
D.O.B:			
ADDRESS:			_
EMAIL ADDRESS:			_
(Required for all applicants. You will be notified of the hiring process you do not have an E-Mail address a free one can be obtained at Hotma yahoo.com or gmail.com)			If
PHONE NUMBER:			
HAVE YOU EVER FILLED AN APPLICATION WITH US BEFORE?	YES	/	NO
IF YES, GIVE DATE:			
HAVE YOU EVER BEEN A MEMEBR HERE BEFORE?	YES	/	NO
IF YES, GIVE DATE:			
HAVE YOU EVER BEEN CONVICTED OR CHARGED WITH A FELONY?	YES	/	NO
IF YES, EXPLAIN ON AN ATTACHED PAGE.			

Have you ever been or are you now a member of emergency medical service?	of another fire department or YES / NO
If Yes,Where:	
Address:	
When: Position (s)	Held:
Certifications	
PSID:	
Manditory Firefighter	YES / NO
Firefighter I & II	YES / NO
AHA CPR	EXPIRATION:
EMERGENCY MEDICAL RESPONDER	
EMERGENCY MEDICAL TECHNICAION-BASIC	
EMERGENCY MEDICAL TECHNICATION-ADV	
EMERGENCY MEDICAL TECHNICATION-PARA	EXPIRATION:
OTHER:	
(COPIES OF ALL CERTIFICATION ARE TO BE A	TTACHED TO APPLICATION)
Driver's License #:	-
State: Expiration:	/ / 20
Have you ever had your license suspended/rev (ATTACHED COPY OF DRIVERS LICENSE & DRI	oked? YES / NO
Auto Insurance Company:	
Agent:	Policy:
Address:	Phone ()
Education	
Name of School	
Year Graduated:	
High School:	Year Graduated:
College:	
Trade School:	
Graduate School:	

Describe any special	lized training, apprenticeship,	skill and extracurricular activities:
Employment Experie	ence: (Past 3 Employers)	
Carrage Name		
Company Name:		
Supervisor Name		Can we contact this employer? Y / N
Phone: ()	- Work Preform	ed:
Reason for leaving?		
Supervisor Name:		Can we contact this employer? Y / N
		ed:
Reason for leaving?		
Company Name:		
Supervisor Name		Can we contact this employer? Y/N
Phone: ()	- Work Preform	ed:
Reason for leaving?		
	terminated, fired or asked to l explain why in an attached pa	eave a place of employment? Y/N
Military Charles	A-1' - / D-1' - 1 / D / 1	AT A
•	Active / Retired / Reserve / I	
Type of Discharge: _		erved:
Is there any medical job of Firefighter?		ability to perform the tasks associated with the
If yes, Please explain	1:	

Professional	References:			
List Four (4)	personal references tha	t are not re	ated to you.	
Name:				
	Main Contact: ()	-	
Name:				
	Main Contact: ()	-	
Name:				
	Main Contact: ()	-	
Name:				
	Main Contact: ()	_	

Things Needed:

- Copy of Drivers License
- High School Diploma/GED
- Birth Certificate

- All Current Fire/EMS Certs
- DD214 for Veterans

All Items mentioned **MUST** be submitted and all sections complete with the information requested or N/A for the areas that do not apply to you. If not filled out properly with items requested, the application will be deemed incomplete and you will not be considered for employment.

Fountaintown Community Vol. Fire Department Form 4.1

Release of Liability

I	understand the	at in order to be considered into the next pha	ase for
hire for the Fountaintown Community Volunt	eer Fire Department	Inc., I may be asked to successfully complete	a
physical ability test. I hereby forever release t	the Fountaintown Co	mmunity Volunteer Fire Department Inc., and	d the
employees and agents of each, from responsib	oility, liability or othe	r obligations, which may arise from my pres	ence in
and with the Fountaintown Community Volun	ıteer Fire Departmen	t activities for any reason whatsoever. I also	
understand that it is my responsibility to be in	n good health and see	en by a physician on a regular basis. I therefo	re
release all medical liability from the Fountain	town Community Vo	lunteer Fire Department Inc.	
Printed Name of Applicant	Date	Signature of Applicant	
My Commission expires:	Resident of _	county, Indiana.	
Signature			
Signature			
Printed name			
tr e	chysical ability test. I hereby forever release to employees and agents of each, from responsibility the Fountaintown Community Volumenderstand that it is my responsibility to be incelease all medical liability from the Fountain Printed Name of Applicant Subscribed and sworn to before me, a NOTA state of Indiana, ThisDay of	Subscribed and sworn to before me, a NOTARY PUBLIC, in and for state of Indiana, This Day of, 20 My Commission expires: Resident of Signature Signature Signature	Subscribed and sworn to before me, a NOTARY PUBLIC, in and for the county of, state of Indiana, This Day of, 20 My Commission expires: Resident of county, Indiana.