**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

***Last First MI Suffix***

**Are you at least 18 years old? Yes No**

**DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

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

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

**Phone: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **High School** | **Vocational School** | **College/University** | **Advanced Education** |
| **School Name** |  |  |  |  |
| **City/State** |  |  |  |  |
| **Yr. Graduated** |  |  |  |  |
| **Degree/Area** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Military Experience**  **None** | **Branch** | **Highest Rank** | **Dates** | **Assignment** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fire/Rescue Experience**  **None** | **Fire Department** | **City/State** | **Highest Rank** | **Assignment** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMS Training**  **None** | **First**  **Responder** | **EMT** | **EMT-I** | **EMT-P** |

***List all other training, hobbies, etc. that you might be willing to use in the fire service: Use a separate piece of paper if necessary.***

**Check the usual times when you would be available to respond to emergencies:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Available Time** | **Sun** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** |
| **0600hrs – 1200hrs** |  |  |  |  |  |  |  |
| **1200hrs – 1800hrs** |  |  |  |  |  |  |  |
| **1800hrs – 0000hrs** |  |  |  |  |  |  |  |
| **0000hrs – 0600hrs** |  |  |  |  |  |  |  |

|  |
| --- |
| **Do you have any medical conditions that would prevent you from doing the physically demanding work of firefighting? Yes No** |

**Have you had a complete physical exam within the last two years? Yes No**

**List any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**After showing you the job description of a volunteer firefighter, do you know of any reason why you could not perform this work? Yes No**

**Do you have a vehicle that you can drive to training sessions and emergencies?**

**Yes No**

**Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities? Yes No**

**Has your driver’s license been suspended or revoked within the past five years?**

**Yes No**

**Do you have health insurance coverage? Yes No**

**Do you have any felony convictions or DUI violations? Yes No**

**Do we have your permission to run a background check? Yes No**

**Are you willing to submit to a drug test? Yes No**

**In Case Of Emergency, Notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_**

**I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. Further, I understand that I am volunteering my time to the department in which I am applying and as such agree to follow and uphold the standards set forth by the agency the department is affiliated with.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| ***Fire Department Use Only: Received\_\_\_DL Copied\_\_\_EMS Card\_\_\_SOG\_\_\_Hep B\_\_\_NIMS\_\_\_Filed\_\_\_*** |