

Harpswell Neck Fire & Rescue Volunteer Application

Today's Date _____/_____/_____

Thank you for your interest in volunteering with Harpswell Neck Fire & Rescue. This form provides information for our initial meeting. To protect HNFR Inc. and the citizens living in the community we request that you please attach/provide photocopies of your COVID-19 vaccination records; you must be fully vaccinated to volunteer with HNFR.

Name: _____

Date of Birth _____/_____/_____

Address: _____

Cell phone _____

E-mail: _____

What is the best time and way to contact you? _____

Why do you want to volunteer with Harpswell Neck Fire and Rescue?

Please list any EMS or fire training that you have completed and the date of completion.

If someone who is a member of HNFR recommended you join, please provide their name.

Please provide three references (Name, address, telephone number).

Authorization

Please attach a photocopy of your Maine or other State driver's license. We check the driving record of all volunteers at the time of application and **annually** while active service continues. In addition, we carry out a criminal background check **at the time of application**, and subsequently when we believe it to be necessary.

I understand that any information obtained will remain confidential and will not be used for any other purpose. The HNFR Inc. policy and state & federal laws recognize the individual's right to privacy and prohibit HNFR Inc. and others from seeking, using, or disclosing personal information except within the scope of their assigned duties.

Is there anything you would like us to know before we carry out these checks? _____

I consent to the reasonable use of my likeness solely in connection with the promotional, noncommercial purposes of the HNFR. _____ Initial

You have my permission to carry out the checks described above. This permission is valid until it is revoked in writing.

Applicant: _____
Name Date