

**Galeton Fire Department  
Volunteer Application**

Date: \_\_\_\_\_

Any person of the age Eighteen years (18) or over, of good character and standing may submit an application to become a probationary member of the Galeton Fire Department.

Name (Last, First, Middle Initial): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children (Names & Ages): \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Occupation: \_\_\_\_\_ How long at current job: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Previous Employment History

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How Long: \_\_\_\_\_ May we contact? Yes No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How Long: \_\_\_\_\_ May we contact? Yes No

Where do you report for work? \_\_\_\_\_

Can you accept phone calls at work? \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Can you absent yourself from work in the event of a fire or rescue? \_\_\_\_\_

Have you ever been a member of another Fire/EMS service? YES NO

If yes:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How Long: \_\_\_\_\_ May we contact? Yes No

### Education

Last grade completed/degree earned: \_\_\_\_\_

Educational institutions attended beginning with the most recent:

School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

When: \_\_\_\_\_ to \_\_\_\_\_ Degrees Earned: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

When: \_\_\_\_\_ to \_\_\_\_\_ Degrees Earned: \_\_\_\_\_

**Personal**

Are you willing to have your name sent through a routine personal investigation? YES NO  
If no, why not? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have your driving privileges ever been suspended or revoked? YES NO  
If Yes, why and when? \_\_\_\_\_

Have you ever been arrested for a non-vehicle offense? YES NO  
If yes, please explain: \_\_\_\_\_

**Character References**

List three references you have known for over three years.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Information**

Do you have any individual or group income benefits from an accident or sickness currently being received?  
YES NO

Has your life insurance ever been declined, postponed, or modified in amount, plan, or rate? YES NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Where you ever exempted, rejected, or discharged by the Armed Forces or employment for any physical or mental reasons? YES NO  
If yes, please explain: \_\_\_\_\_

Are you willing to take A Fire Fighters combat test to show what kind of shape you are in?  
YES NO

I am in good physical condition and have no medical conditions which would prevent me from performing the duties of a Firefighter/EMS person. To the best of my knowledge the information I have given is correct and true.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments or Additional Questions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Meetings & Training

The Galeton Fire Department meets on the third (3<sup>rd</sup>) Monday of each month for a business meeting. The business meeting is facilitated by the Chief. The meetings discuss any new business and old business. A typical business meeting will last approximately two (2) hours. The topics for new business are open to all members and can pertain to any subject related to Fire/EMS service. Attendance is required at all meetings. Any firefighter unable to attend must notify the chief or any other commanding officer.

Training meetings are held on the second (2<sup>nd</sup>) and fourth (4<sup>th</sup>) Monday of each month. Attendance is required at all scheduled training meetings. Any firefighter unable to attend must notify the Chief or any other commanding officer. We rotate our trainings from Fire to Medical every month. There are a set amount of hours required each year for retirement; these requirements are discussed in detail in the policies.

### GUIDELINES FOR TRAINING HOURS AS REQUIRED FOR THE GALETON FIRE PROTECTION DISTRICT PENSION FUND:

A minimum of thirty-six (36) hours of certified training is required of each member.

*Statement of Intent: All training by the members of the Galeton Fire Department shall be for the preservation of life and property.*

### REGULAR DEPARTMENT TRAINING

It shall be the duty of all members of the Galeton Fire Department to have at least eighteen (18) hours of each type of department training each year at regular training meetings.

The purpose of regular department training is to provide cooperative training so that teamwork can develop within the department.

Any member NOT meeting the minimum Thirty-six (36) hours of departmental training shall be discharged automatically from the department. Exceptions may be considered by the department or board on an individual basis.

Exceptions: Any member who has successfully completed an EMT or an EMR class shall only be required twelve (12) hours of regular department training in the year they are enrolled in said class.

### Classes, Workshops, Seminars, etc; taken on an individual basis.

Examples: EMT, EMR, CPR, Firefighting, Extrication

### Cleanup after a Fire/Medical Call

It Shall be the duty of firefighters make sure that the trucks and station are clean and back in service after EVERY call!!!

### Special Projects (That are consistent with the statement of intent)

Work done at the station or shop on a voluntary basis involving Fire Department vehicles or equipment.

It shall be the duty of each member to report hours to the Chief. You will have a maximum of sixty (60) days to report all hours. Any training hours not specifically covered by these guidelines will need to be presented to the board for review and approval.

**MUST COMPLETE THIS LIST WITHIN SIX MONTHS OF YOUR ONE YEAR PROBATIONARY PERIOD**

Date tested

FF initials

PFF initials

Firehouse etiquette: dishes, heat, doors restrooms and guests

Chain of command

Proper care and use of hoses

Proper care and use of nozzles

Procedures on filling trucks with water at hydrant

Deployment of extrication tools

Proper care and cleaning of face mask

Familiar with medical bags

Familiarization and deployment of small engine tools: chain saw, demo saw, booster reel pump and ppv fans

Know where the equipment is located on the trucks

Proper use and terminology of radios

Switching bottles on SCBA's

**MUST COMPLETE THESE ITEMS WITHIN YOUR ONE YEAR PROBATIONARY PERIOD**

SCBA compressor operation

Refilling O2 bottles

Use of extrication tools

Medical bag terminology

Use of small engine tools

NIMS 100, 200, 700

All items on list must be taught or explained by an experienced firefighter and initialed by that person when he/she feels you understand and are capable of performing the tasks outlined above.