Sullivan Fire Protection District Auxiliary
6 S. Church St. • Sullivan, MO 63080 • (573) 468-6161

Auxiliary

YOU'RE INVITED!

The Sullivan Fire Protection District would like to invite you to come and join our new and improved Auxiliary! Come and bring your ideas and get involved in supporting our District Firefighters and the victims of fires.

As members of the Auxiliary, we will lend emotional and financial support to families who suffer loss in the event of a fire through counseling and personal hygiene items. We will show our support of Firefighters by providing funding for items not covered under District funding when possible, working together with them to raise funds for various charities, providing rehabilitative services such as preparing meals, delivering of refreshments when possible to assist them in their efforts to protect the citizens of the Sullivan Fire Protection District.

We will commit ourselves with pride and devote ourselves and our time to keep the Sullivan Fire Protection District ready to protect and serve the citizens of our community. We hope that you also will come and join us!

REQUIREMENTS

1. Must be at least 18 years of age to apply.
2. Must have a valid Missouri Driver's License.
3. Must apply in writing.
4. Must live within the Sullivan Fire Protection District.
5. Each individual will be required to attend a minimum of eighteen (18) hours of service each calendar year to fund raisers and/or events sponsored by the auxiliary.
6. Each member must devote a minimum of four (4) hours of service to the District and its firefighters each calendar year.
7. Each individual must attend a minimum of six (6) business meetings per calendar year. Work schedules will be taken into consideration. Each case will be individually determined.
8. An auxiliary person that does not meet these guidelines will automatically be dismissed from the auxiliary and will not be allowed to reapply for a period of two (2) years.
9. Each applicant will be voted on by the auxiliary with a majority voted being the deciding factor. A negative vote does not require an explanation. Applicant will be informed of the outcome of the vote as soon as possible.

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Auxiliary Application

PERSONAL

Failure to provide complete information on this form could delay the processing of your application.

Last Name:	First:	Middle:	Date:
Street Address:			Home Phone:
City:	State:	Zip:	Business Phone:
Social Security Number:	Sex: ☐ Male ☐ Female		Mobile Phone:
Are you over 18 years of age? ☐ Yes ☐ No	Date of Birth:	Are you a US citizen or Legal Resident Alien? ☐ Yes ☐ No	Email:
How did you learn about our organization?			Membership Type: ☐ Active ☐ Support

EXPERIENCE

Do you live within the Sullivan Fire Protection District? ☐ Yes ☐ No
Explain briefly why you want to be a member of the Sullivan Fire Protection District Auxiliary.
Have you ever previously been a member of the Sullivan Fire District Auxiliary? If so, what was your reason for leaving?
Please list any related skills or experiences you have.
What would you recommend to help support our District Firefighters and victims of fires in our district?

I understand that the Fire Chief has the authority to override any decisions that he feels are not in the best interest of the Sullivan Fire Protection District and/or the Auxiliary. I have read and agree to comply with the regulations set forth in this application

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false, misleading, or incomplete answer may result in the rejection of this application.

_____ _____

Signature of Applicant *Date*

REQUEST FOR CRIMINAL RECORD CHECK

PLEASE PRINT OR TYPE

GENERAL INFORMATION

APPLICANT'S LAST NAME	FIRST	MIDDLE	JR/SR

MAIDEN / ALIAS LAST NAME	FIRST	MIDDLE	JR/SR

SEX ☐ MALE ☐ FEMALE	DATE OF BIRTH	SOCIAL SECRURITY NUMBER	RACE ☐ BLACK ☐ WHITE ☐ INDIAN ☐ ASIAN ☐ OTHER

ADDRESS STREET – P.O. BOX	CITY	STATE, ZIP CODE

Either the Date of Birth OR Social Security Number MUST be provided for processing.

Criminal record requests are made through the Missouri Automated Criminal History System (MACHS)

This criminal history record check document, signed by the applicant,

will serve as written consent to check record information by the requestor.

The information obtained shall be confidential.

_____ ___/___/_____

Signature of Subject of Request Date

_____ _____

District Representative Title