

Fall Branch Volunteer Fire Department

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate (Cell) Phone: _____

Date of Birth: _____ Social Security No.: _____

In case of emergency, notify:

Name: _____ Relationship: _____ Phone: _____

Position applied for: Firefighter Junior Support

Do you live within 5 miles of the station? YES NO Do you agree to participate in fundraising activities? YES NO

Do you agree to attend training sessions? YES NO

Do you agree to reimburse the department for any training you miss that the department has paid for without a proper excuse? YES NO

Do you agree to read, sign-off on, and adhere to the department's operating guidelines? YES NO

If you answered NO to any of these, please explain: _____

Do you have health insurance coverage? YES NO Do you have any physical conditions that would prevent you from doing the demanding job of firefighting? YES NO

Date of last tetanus shot: _____
Are you allergic to anything? YES NO If yes, what? _____

Have you completed a physical examination in the last two (2) years? YES NO Do you have any felony or DUI convictions? YES NO

Are you willing to submit to a drug test? YES NO Has your driver's license been suspended/revoked in the past 5 years? YES NO

Do you have transportation to training sessions, emergencies, and fundraisers? YES NO
If NO, please explain: _____

Do you have liability insurance on all vehicles you may drive while participating in fire department activities? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Vocational: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

If your membership is accepted, a copy of documentation will be needed to verify Fire/EMS training

Firefighting Experience

Department: _____ From: _____ To: _____

Highest Rank: _____

EMS Training

Level of Licensure: _____ State: _____ Exp.: _____

Please list any other training, hobbies, etc. that you feel would be useful in the fire service:

Why do you want to join the fire service?

A background check must be processed to assist in the decision-making process.

Please sign here that you allow us to conduct a background check:

Signature: _____ Date: _____

Full Name: _____

References

Please list three (3) references that are **not** relatives.

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Disclaimer and Signature

- I certify that my answers are true and complete to the best of my knowledge.
- I consent to the release of any information required to verify all above information.
- I agree that I will obey all laws, rules, and regulations.
- I agree to continually follow all operational guidelines as prescribed by the fire department – including a Drug/Alcohol/Harassment Free environment as explained to me.
- I understand that I will be on probation for no less than 3 months and that I may be excused from the department with no fault or liability.
- If this application leads to membership, I understand that any false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

For parents of applicants under the age of 18, both parents/legal guardians must sign below:

Our son/daughter has our permission to join the Fall Branch Volunteer Fire Department as a JUNIOR MEMBER. The fire department and Officers thereof have our permission to provide guidance, direction, and medical care if necessary while our son/daughter is on fire department property or at and fire department events/activities.

Signature: _____ Date: _____

Phone number to be reached **at any time:** _____

Alternate phone number: _____

Signature: _____ Date: _____

Phone number to be reached **at any time:** _____

Alternate phone number: _____

FOR FIRE DEPARTMENT USE ONLY:

Approved for 90-day probationary period:

Signature of member of Board of Directors _____ Date: _____

Signature of Chief/Assistant Chief: _____ Date: _____

Approved for full membership:

Signature of member of Board of Directors _____ Date: _____

Signature of Chief/Assistant Chief: _____ Date: _____