

JOB DESCRIPTION AND REQUIREMENTS FOR VOLUNTEER FIREFIGHTERS

1. All firefighters must comply with departmental policies as printed in the most current version of the departments Policy & Procedure Manual. (Available for review upon request.
2. All firefighters must attend necessary training sessions and department meetings as to become more proficient with their duties. This includes monthly training sessions as well as any additional training deemed necessary be the Fire Chief.
3. Willingness to take part in continued education to enhance the services provided by the department.
4. Response to all calls when available. This includes emergencies as well as non-emergencies.
5. Willingness to cooperate and work in a professional manner with all members of the department.
6. Willingness to take part in extra activities such as fund raisers and community events.
7. Agree to have a physical exam by the Doctor of the departments choice if requested, cost to be borne by the department.

APPLICATION

Please Print

Date: _____

Name _____
Last First Middle Telephone _____

Address _____
Street City State Zip Code _____

Social Security Number _____ Citizen of United States () Yes () No

Do you have a valid Driver's License () Yes () No

Have you ever suffered any illness or injury which has rendered you incapable for work or other activities within the preceding five (5) years? () Yes () No
If yes, give details: _____

In case of emergency, notify: Name _____

Address _____
Street City State Zip Telephone _____

Have you ever been a member of this department or any other department before?
() Yes () No

EDUCATION

Do you have a High School diploma or GED? () Yes () No
 Have you had any specialized training that would be helpful for this line of work? () Yes () No
 If so, explain: _____

PERSONAL REFERENCES

Name _____	Phone _____	Occupation _____	Years Known _____
Name _____	Phone _____	Occupation _____	Years Known _____
Name _____	Phone _____	Occupation _____	Years Known _____

Employers Last 5 Years: _____

Will you be able to respond to day-time fire calls between the hours of 7 A.M. and 5 P.M. on a regular basis? () Yes () No

Will you be able to respond to night-time fire calls as well as weekend fire calls on a regular basis? () Yes () No

Will you respond on rescue calls as well as fire calls? () Yes () No

List relatives working here:

_____	_____
Name	Relationship

_____	_____
Name	Relationship

The answers in this application are true and complete to the best of my knowledge. I understand that the making of any false statements on this application may be cause for refusal to accept me to this department, or if it is later discovered that information contained herein is false, may be cause for immediate dismissal from the department.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision to accept me to this department. I hereby release employers, schools or persons form all liability in responding to inquiries in connection with my application.

Signature of Applicant

Date