

Position Applying for		
<input type="checkbox"/> Firefighter	<input type="checkbox"/> Junior Firefighter	<input type="checkbox"/> Associate Member
General Information		
Name: _____	DOB: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____	
Email: _____	SSN: _____	Drivers License #: _____ State: _____
Marital Status: _____	Number of Dependents: _____	Next of Kin: _____
Occupation: _____		
Fayette Twp Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Diploma or GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What hours are you normally available to respond to fire calls? _____ am / pm until _____ am / pm		
Previous Experience		
Do you have any previous experience in the fire or EMS field? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any experience below. Include any agencies that you were affiliated with.		
_____		
_____		
_____		
_____		
References (List two)		
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
Relationship:	Relationship:	
Length of Relationship:	Length of Relationship:	
Questions		
1. Are you currently in good physical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to submit to a physical exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to respond in sub-zero conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to respond at all hours of the day/night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to participate in other fire department duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Questions (Cont.)		
6. Are you willing to as many training sessions as possible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have a drinking or drug problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you afraid of heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you afraid of closed spaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to take orders from an officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have any first aid training? Describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been convicted of a felony? Describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you currently have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. List any and all medical history, both physical and mental. _____		

I understand that as a member of this organization it is absolutely necessary to maintain high moral standards. I understand that station maintenance and other support activities are as much a part of being a volunteer firefighter as firefighting, and I will conduct myself accordingly.

I understand that infractions of the department by-laws, disregard of department standard operating procedures and failure to perform will result in disciplinary action up to and including exclusion from the department.

I understand that a volunteer firefighter is a professional and will be expected to perform accordingly. I understand that as a member of this organization, I will not be paid for my services. I understand that I will be on six (6) months probation. I give permission for the organization's membership committee to check and verify all of the above information. I also give permission for the organization's membership committee to have my criminal record checked.

**I UNDERSTAND ANY FALSE OR DELETED INFORMATION GIVEN IS GROUNDS FOR DENIAL OR DISMISSAL.**

APPLICANT SIGNATURE	DATE	
<b>X</b>		
PARENT / GUARDIAN SIGNATURE (if under 18)	DATE	
<b>X</b>		
Department use only		
SPONSORING MEMBER SIGNATURE	DATE	
<b>X</b>		
Vote Date	Membership Status	Number of Attempts
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Notes
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