

Volunteer Firefighter Application Form

Do you have any medical conditions that would prevent you from doing the physically demanding work of fire fighting? ☐Yes ☐No

Current and Previous Employers:

Dates of Employment:

Check the usual times when you would be available to respond to emergencies:

Available Time	Sun	Mon	Tue	Wed	Thur	Fri	Sat
6:00 am to noon							
noon to 6:00 pm							
6:00 pm to midnight							
midnight to 6:00 am							

Have you had a complete physical exam within the last two years? ☐Yes ☐No

List any allergies: _____

Date of Last Tetanus Shot: _____

Do you have a vehicle that you can drive to training sessions and emergencies? ☐Yes ☐No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities? ☐Yes ☐No

Has your drivers license been suspended or revoked within the past five years? ☐Yes ☐No

Do you have health insurance coverage? ☐Yes ☐No

Do you have any felony convictions or DUI violations? ☐Yes ☐No

Do we have your permission to run a background check? ☐Yes ☐No

Are you willing to submit to a drug test? ☐Yes ☐No

In Case of Emergency, Notify Relationship: _____ Phone: _____

LIST 3 REFERENCES: Name Address Telephone No.

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I live or work within 5 miles of the fire district of the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability.

Signed: _____ Date: _____