

# VOLUNTEER FIRE DEPARTMENT OF SEYMOUR, INC

## MEMBERSHIP APPLICATON



TODAY'S DATE: \_\_\_\_\_

APPLICANT INFORMATION												
Last Name			First			Middle Name			At Least 18yr		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Street Address						Apartment/Unit #						
City			State			ZIP						
Cell Phone			Service Provider									
Can you receive text?			Last 4 of SS #			Driver's License #						
Position Applied for check all of interest		FF		EMS/1 <sup>st</sup> Responder		Driver/Operator		Support Services		Volunteer		
Are you legal to work in the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Have you ever worked as a Firefighter?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
E-Mail Address:												
EDUCATION												
High School			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES												
<i>Please list three professional/Personal references. (Not related to you)</i>												
Full Name			Relationship									
Company			Phone									
Mailing or E-Mail Address												
Full Name			Relationship									
Company			Phone									
Mailing or E-Mail Address												
Full Name			Relationship									
Company			Phone									
Mailing or E-Mail Address												

**PREVIOUS FIREFIGHTER EXPERIENCE**

Department		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Department		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

**EMS EXPERIENCE**

EMT/IV	Y	N	EMT/IV	Y	N	EMT/IV	Y	N	PARAMEDIC	Y	N
Department						TN CERTIFICATION NUMBER					
Address						Phone:					
From	To		Reason for Leaving								
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>											

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**MEMBERSHIP APPLICATION**

**DO YOU HAVE A VEHICLE IN WHICH YOU CAN DRIVE TO EMERGENCIES AND TRAININGS?**  
**YES                      NO**

Vehicle make, model, license, & State registered:

Auto Insurance Company:

Policy #:

Exp Date:

**General Questions**

Do you consent to a background check?

Yes

No

If no, please explain:

**DO YOU FULLY UNDERSTAND, YOU MUST COMPLETE A MINIMUM OF FORTY (40) HOURS OF IN-HOUSE TRAINING, WHICH INCLUDES THE REQUIRED STATE OF TENNESSEE SIXTEEN (16) HOUR CLASS, "INTRODUCTION TO FIRE AND EMS" AS WELL AS THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COURSES, ICS-100, ICS-200, ICS-700 AND ICS-800, HARRESMENT, & VKF/EVDT PRIOR TO YOUR APPLICATION BEING PRESENTED TO THE OFFICERS FOR THEIR CONSIDERATION FOR PROVISIONAL STATUS?**  
**YES                      NO**

Do you fully understand that you **are not** a member of the Seymour Volunteer Fire Department until which time as you meet all of the requirements of membership, and upon approval by the Department's Officers, Members and Board of Directors, an identifying yourself as a member, shall remove your application from consideration?  
Yes                      No

**PARTICIPATION EXPECTATIONS (ONCE THE APPLICATION HAS BEEN ACCEPTED, YOU MUST:**

Must Attend five (5) Department Business Meetings Annually. (Meetings are held the 1<sup>st</sup> Thursday of every month)

Must Attend a minimum of forty (30) hours of training annually.

Must Respond to at least 25 alarms annually

Must Maintain Vanessa K. Free annually

Should try to attend at least two (2) Public Relation events annually.

I HAVE READ AND UNDERSTAND THIS MEMBERSHIP APPLICATION. I ALSO UNDERSTAND THAT ANY AND ALL INFORMATION WILL BE VERIFIED AND I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM AS TO MY CREDIT AND EMPLOYMENT. IF THIS APPLICATION LEADS TO FUTURE EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

I ALSO SUBMIT TO A BACKGROUND CHECK AND A DRUG TEST WITH THE UNDERSTANDING THAT PASSING BOTH IS A REQUIREMENT TO BECOME A MEMBER OF THE VOLUNTEER FIRE DEPARTMENT OF SEYMOUR INC.

I ALSO AGREE THAT I WILL CONDUCT MYSELF IN THE PROFESSIONAL MANNER OUTLINED IN THE COPY OF THE S.O.G THAT I OBTAINED. I PROMISE TO NOT MISREPRESENT MYSELF AS MEMBER OF VOLUNTEER FIRE DEPARTMENT OF SEYMOUR AS I GO THROUGH THE APPLICATION PROCESS.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_  
(MUST SIGN IN PRESENCE OF NOTARY)

NOTARY NAME \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_

COMMISSION EXPIRATION \_\_\_\_\_ SEAL