

# NICKERSON VOLUNTEER FIRE & RESCUE MEMBER APPLICATION FORM

## Section 1: Personal Information

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street, PO Box, Apt. #) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
(Master Number) (Class) (Endorsements)

Do You Have Your Own Transportation: Y / N (Circle)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street, Suite #) (City) (State) (Zip Code)

Employer Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Do You Work Out of Town: Y / N (Circle) Normal Hours of Work: \_\_\_\_\_

Health Limitations/Disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit the following documents along with this application. All documents must be current:

*\*Any false statement on this application is grounds for immediate dismissal.*

- A criminal record check, child abuse registry check and letter of pending charges (including traffic violations) if any
- References and proof of previous fire service experience if any, to include certification
- Copy of front and back of Driver's license
- Vaccinations list

## Section 2: Emergency Contact Information

Primary Emergency Contact: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street, PO Box, Apt. #) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street, PO Box, Apt. #) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Section 3: References:

Reference One:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, PO Box, Apt. #) (City) (State) (Zip Code)

Relationship to Reference: \_\_\_\_\_

Reference Two:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, PO Box, Apt. #) (City) (State) (Zip Code)

Relationship to Reference: \_\_\_\_\_

## Section 4: Application

Reason to Join Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were You Ever a Member of a Fire Department: Y / N (Circle)

If Yes, Where: \_\_\_\_\_ When: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Level of Training Achieved: \_\_\_\_\_

Can You Provide References: Y / N (Circle) (Please Attach List)

List any first responder training and/or qualifications you may have, which may benefit this Department:

\_\_\_\_\_

\_\_\_\_\_

Do you anticipate any problems attending any of the following:

- Meetings (Every 3<sup>rd</sup> Monday of the Month) Y / N (Circle)
- Training (to be Announced Monthly) Y / N (Circle)
- Emergency Calls: Y / N (Circle)
- Community Functions: Y / N (Circle)

***I hereby agree to adhere to the By-Laws, Policies and Guidelines of the Nickerson Volunteer Fire Department. I further agree to respond to emergency calls, and to actively participate in monthly meetings, training sessions, social functions, and other Department activities when available. By signing this document, I authorize the Nickerson Volunteer Fire Department to do a full background check before being accepted onto the Department.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ Chief Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Membership Vote: (Probation) Accept/Reject (Circle) \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Vote: (Active Status) Accept/Reject (Circle) \_\_\_\_/\_\_\_\_/\_\_\_\_