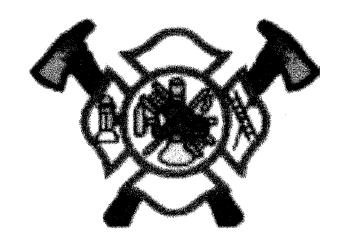
ELM CREEK FIRE AND RESCUE

Application for membership



Thank you for your interest in joining the Elm Creek Fire & Rescue Department. Please be sure to complete every question in detail. If you have any additional information you wish to add, please attach a separate sheet of paper. The membership process may take three or more months to complete. We advise you to return this application as soon as possible upon completion.

Date of application:	
Applicant's full name:	
Address:	aller and the state of the stat
Telephone (day): (night):	helis dan
Are you over 21 years old: Yes No	
Are you employed within the city limits of Elm Creek: YES	NO
Employer's name:	White the second second
Employer's address:	
Occupation:	
Highest level of education:	
List any special training or education that you feel may be ben to this department:	eficial
Why do you wish to be a firefighter and/or EMT:	
Please list any previous fire or emergency medical training/edu	cation:

List any illness or condition which could affect your ability to perform any duties within this department:

Ivalue		Auuless		THORE
Please list thro	e non-tami	ly references: Address		<u> Phone</u>
Do you have a				S NO
Violation	Date	Place	Court	Disposition
If yes, please		Dinas	C	Diamonikion
Have you eve law other than				ny violations of the
Do you under required to at emergency m	tend a certa	nin number of	hours every	nember you will be y year in
Do you under command"		ecessity for, a	nd the work	kings of a "chain of
any duties wi	thin this dep	partment:	•	bility to perform

Do you understand that by signing below you give an Authorization for Release of Information to the Elm Creek Fire and Rescue Department to conduct a background check including but not limited to accessing your driving record and your criminal history: YES NO

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal of membership.

Applicant Signature	Date	
Sponsor signature (required)	·	
Fire Chief Signature	Rescue Chief Signature	
Do not write below this l	line. Administration only.	
Reading to the Board date		
Reading to the Department date: 1 st	2 nd	
Application Approved: YES NO		
President's signature	Date	

The following are questions to be asked by the Membership interview committee. Please review the questions but DO NOT answer at this time.

1.	Why do you want to become a member of this department?
2.	Tell us about yourself.
3.	During the first six months, will you take introduction to Firefighter 1 or our training at the department?
4.	Are you aware of the number of hours required to complete either the EMT-B course or First Responder course or the Firefighter 1 course?
5.	Are you willing to submit to a background check?
6.	Do you understand that you will not drive any Fire or Rescue vehicles untipassing the department's driver's training course?
7.	Would you be able to respond to calls during your working hours? Have you discussed this with your employer? Does your employer see a problem with you responding?
8.	Describe any previous fire, rescue or emergency medical training you may have.
9.	Are you aware of the laws regarding volunteer emergency personnel responding to calls in emergency equipment or personal vehicles?