

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: _____

Telephone (day): _____ (night): _____

Are you over 21 years old: Yes No

Are you employed within the city limits of Elm Creek: YES NO

Employer's name: _____

Employer's address: _____

Occupation:

Highest level of education:

List any special training or education that you feel may be beneficial to this department:

Why do you wish to be a firefighter and/or EMT:

Please list any previous fire or emergency medical training/education:

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

List any fears or phobias which could affect your ability to perform any duties within this department:

Do you understand the necessity for, and the workings of a "chain of command" YES NO

Do you understand that if you are accepted as a member you will be required to attend a certain number of hours every year in emergency medical and fire training: YES NO

Have you ever been arrested for or convicted of any violations of the law other than parking violations: YES NO

If yes, please list below

<u>Violation</u>	<u>Date</u>	<u>Place</u>	<u>Court</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a valid Nebraska driver's license: YES NO

Please list three non-family references:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 line. Administration only.

Reading to the Board date _____

Reading to the Department date: 1st _____ 2nd _____

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 until passing 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?