

# ELSIE-VINEMAPLE RFPD APPLICATION FOR VOLUNTEER SERVICE

(Please Print or Type)



This is not an employment application. This is an application for volunteer service with Elsie-Vinemable RFPD. At its own expense, the Fire District will arrange for a surety bond for each of its volunteers. Unless the applicant's background is acceptable to a surety company (not relative to race, color, religious creed, national origin, sex or ancestry), it will be difficult to secure this bond and we may be unable to utilize your services.

<b>OFFICE USE ONLY</b>
Date Received: _____
Time Received: _____
Initials: _____

Applicants must include a copy of your driver's license.

<b>Type of Volunteer Service:</b>
<input type="radio"/> <b>Firefighter Volunteer</b>
<input type="radio"/> <b>Support Services Volunteer</b>
<input type="radio"/> <b>Medical Volunteer</b>

## GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE
ZIP CODE		
MAILING ADDRESS <small>(if different from street address)</small>	CITY	STATE
ZIP CODE		
CELLPHONE	ALT PHONE	EMAIL ADDRESS
DRIVER'S LICENSE #	STATE	EMERGENCY MEDICAL TECHNICIAN CERTIFICATION# & LEVEL
MILITARY SERVICE LEVEL	BRANCH	RANK
	STATUS	DATE OF DISCHARGE

<b>EDUCATION</b> - <i>List education high school, trade schools, and college</i>			
NAME/LOCATION	YEARS ATTENDED	GRADUATED	MAJOR

<b>EMPLOYMENT</b> {Provide information for at least the past ten years}		
CURRENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE#
NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE#

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE#

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE#

**PERSONAL/ PROFESSIONAL REFERENCES (Not Relatives)**

NAME	ADDRESS	PHONE#	YEARS KNOWN

1. Do you speak any foreign languages? \_\_\_\_\_

2. Please describe any physical condition that might limit your performance: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of a criminal offence?                      Yes                      No

\*An affirmative answer will not automatically disqualify you from consideration

a. If yes:            Date: \_\_\_\_\_            Place: \_\_\_\_\_

b Nature of Offense: \_\_\_\_\_

4. Volunteer Service Work with EVRFPD requires several hours of regular or monthly training to maintain skills. You may also be expected to respond at any hour, seven days a week. Do you have any commitments or other responsibilities that would prevent you from meeting these requirements?

Yes                      No

a. If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

5. Please specify what type of volunteer work you'd like to do, along with any special skills or qualifications that may be useful to you or the fire district as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

***STATEMENT OF TRUTHFULNESS OF APPLICANTS FACTS***

I hereby certify that the information given by me on this application is to the best of my ability true and accurate. I understand that this application contains the minimal amount of information needed to verify my qualifications for the position. If accepted, I will be requested to supply additional information necessary to begin my service file. I further understand that any misrepresentation or omission of information called for in this application is cause for cancellation of this application and/or dismissal from volunteer service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I \_\_\_\_\_, have made application for volunteer

service with the Elsie-Vinemaple RFPD. I hereby authorize Elsie-Vinemaple RFPD and/or its agents to verify the information given by me on this application. I understand that the Fire District or its agents may contact my former employers, my current employer, law enforcement agencies, State and Federal Agencies and departments, educational institutions, and private business corporations that I have referred to on my application. I further understand that the Fire District and its agents will use this verification process in a confidential manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_