

HARVEST VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Please read the below *before* filling out the application

1. Your application and interest in the Harvest Volunteer Fire Department is greatly appreciated.
2. You must be at least eighteen (18) years of age to be a member of the fire department.
3. Your application will be reviewed at the next Board of Directors meeting.
4. After the Board has reviewed your application, you will be interviewed and your references will be checked and then your application will be presented to the membership at the next regular business meeting.
5. The membership will then vote on your request to join the Harvest Volunteer Fire Department.
6. If the membership votes you in, you will be placed on a six (6) month probationary period. Please note that business meetings, training, work sessions and other activities are held on Tuesday evenings at 7:00 pm. As part of your membership requirements, you must attend two (2) business meetings, two (2) work sessions, two (2) training sessions and run ten percent (10%) of all department calls per calendar quarter.
7. By signing this application, you authorize the Harvest Volunteer Fire Department to check your references and pull a driving history, and perform a National Background Check.
8. If you are accepted as a member, you must provide us with a copy of your driver's license and copies of all fire related certifications you have obtained within thirty (30) days of your acceptance.
9. If you are accepted as a member and the Board of Directors deems it necessary, you must pass a drug screen within 30 days of your acceptance or your acceptance will be voided and all equipment issued must be returned.
10. If you are accepted as a member, you must meet with the training officer and he will assist you in completing the probationary member checklist.
11. Being involved with the volunteer fire department is a very rewarding way to serve your community. Please also be aware that you will be exposed to hazardous situations and you will see people at some of the worst times of their lives. This can take its toll on you emotionally and physically so make sure that is something you understand before you apply.
12. Please answer all questions. If the question does not apply to you, please mark "N/A" in the space provided.
13. By signing this application for membership, you hereby release and hold harmless the Harvest Volunteer Fire Department, its members and their families, Madison County, the state of Alabama and any and all of its agencies acting on its behalf for any loss or injuries sustained to you or your family as a result of you being accepted as a member of the fire department.
14. The Harvest Volunteer Fire Department does not discriminate based on gender, age, religion, race, or national origin.

Personal Information

Name _____ Date of Application _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Marital Status _____ Email _____

Social Security Number _____ Driver's License State and Number _____

If you have lived at the above address for less than five (5) years, please give previous address:

Health condition: Excellent _____ Good _____ Fair _____ Poor _____

Is there any reason that your present health condition would restrict your activities as a volunteer firefighter? If yes, please explain _____

Do you have health insurance? _____ Name of Insurance Carrier _____

Policy Number _____

Normal availability for running calls with the Harvest Volunteer Fire Department:

Monday AM _____ Tuesday AM _____ Wednesday AM _____ Thursday AM _____ Friday AM _____ Saturday AM _____ Sunday AM _____

Monday PM _____ Tuesday PM _____ Wednesday PM _____ Thursday PM _____ Friday PM _____ Saturday PM _____ Sunday PM _____

Which position are you applying:

Firefighter _____ EMT _____ Emergency Support _____ Auxiliary _____

Employment Information

Employer _____ Position _____

Address, City, State & Zip _____

Immediate Supervisor and Phone Number _____

How long have you been with this employer? _____

Is your employer aware that you are applying to be in the volunteer fire department? _____

If you have been with your current employer for less than three (3) years, give the name, address and phone number of your previous employer _____

Emergency Contact Information

Name of Contact _____ Relationship _____

Home Phone _____ Cell Phone _____ Other Phone _____

Name of Contact _____ Relationship _____

Home Phone _____ Cell Phone _____ Other Phone _____

References

List three (3) references we may contact who are not related to you or in this department:

Name	Address and Phone Number
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____

Education

High School _____	Address _____
Year Graduated _____	Diploma or GED? _____
Trade School _____	Address _____
Year Graduated _____	Degree/Certificate Obtained _____
College _____	Address _____
Year Graduated _____	Degree Obtained/Major _____

Related Experience

Please give the dates and certificate numbers (if applicable) of any fire service-related experience and please turn in copies of these certifications to the training officer within 30 days of your acceptance:

EMT _____	Firefighter I _____
Paramedic _____	Firefighter II _____
First Responder _____	EVOG/Driver _____
Hazmat A & O _____	Hazmat Technician _____
Basic Vehicle Extrication _____	Advanced Vehicle Extrication _____
Pump Operator _____	CPR _____
Fire Instructor I _____	Fire Instructor II _____
Fire Officer I _____	Fire Officer II _____
Fire Safety Officer _____	Water Rescue _____
Fire Inspector I _____	Fire Inspector II _____
Fire Investigator _____	NIMS _____
CDL _____	Technical Related Rescue _____
Military Experience: Branch _____	Military Specialty _____
# of Years _____	Honorably Discharged or Retired? _____

Do you have any other skills that will benefit the fire department? _____

Background Information

1. Are you now or have you ever been addicted to alcohol? _____
2. Are you now or have you ever been addicted to drugs (prescription or over-the-counter)? _____
3. Have you ever been violent or had to attend anger management? _____
4. Have you ever been accused of improper conduct toward a member of the opposite sex? _____
If yes, please explain: _____
5. Have you ever been accused of improper conduct toward a child? _____
If yes, please explain: _____
6. Have you ever been charged or convicted of a crime? _____
If yes, please explain: _____
7. Have you ever been investigated, accused or suspected of arson by any governmental agency? _____
If yes, please explain: _____
9. Have you ever had your driver's license suspended? _____
If yes, please explain: _____
10. List any traffic violations you have had within the past five (5) years: _____

11. Have you ever applied for membership in the Harvest Volunteer Fire Department in the past? _____
If so, what was the outcome (not voted in, dismissed, etc.) _____

12. Do you currently know any member of the Harvest Volunteer Fire Department? _____
If so, list their names: _____

Applicant Signature _____ Date _____

By signing above, I agree to the terms stated on the cover page of this application

DO NOT WRITE BELOW THIS LINE

Date Received _____

Date Reviewed by Board _____	Approved _____	Denied _____
Date Interviewed _____	Approved _____	Denied _____
Board Initials: Fire Chief _____	President _____	
Vice President _____	Secretary _____	
Treasurer _____	Responder at Large _____	

Probation vote: Accepted _____ Rejected _____ Date _____

Permanent status vote: Accepted _____ Rejected _____ Date _____

Background check received on _____

Drug test results received on _____

Notes: _____

