

Cornett - Crossroads VFD

Volunteer Firefighter Form

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Last 4 of SSN: _____

Driver's license #: _____

Do you have any EMS/EMT/First Responder or Paramedic Training? YES ☐ NO ☐ Do you have any medical conditions that would prevent you from doing the demanding work of a firefighter? YES ☐ NO ☐

List any training: _____

Have you had a physical exam in the last 2 years? YES ☐ NO ☐ Date of last Tetanus shot? _____

Any current medical issues? YES ☐ NO ☐ _____

List any allergies: _____

CHECK THE USUAL TIMES YOU WOULD BE ABLE TO RESPOND TO EMERGENCIES:

TIME	SUN	MON	TUES	WED	THUR	FRI	SAT
6am to 12noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noon to 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6pm to Midnight ☐ ☐ ☐ ☐ ☐ ☐ ☐

Midnight to 6am ☐ ☐ ☐ ☐ ☐ ☐ ☐

Do you have a vehicle to drive to training and emergencies? **Y** ☐ **N** ☐

Do you carry liability insurance on all vehicles that you may drive while participating in fire dept activities? ☐ ☐

Do you have a current drivers license? ☐ ☐

Do you have any felony convictions? ☐ ☐

Do we have your permission to run a background check? ☐ ☐

IN CASE OF AN EMERGENCY

EMERGENCY CONTACTS:

Full Name: _____ Relationship: _____

PHONE: _____ Work Phone: _____

Full Name: _____ Relationship: _____

PHONE: _____ Work Phone: _____

Full Name: _____ Relationship: _____

PHONE: _____ Work Phone: _____

Disclaimer and Signature

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information is true. I agree that I will obey all laws, rules and regulations, and follow operational guidelines as prescribed by the fire dept. I understand that I may be excused from the fire dept. with no fault or liability.

Signature: _____ Date: _____