



# WADESVILLE CENTER TOWNSHIP VOLUNTEER FIRE DEPARTMENT

## MEMBERSHIP APPLICATION

### An Equal Opportunity Employer

In compliance with federal and state equal employment opportunity laws, applicants to the Wadesville Center Township Volunteer Fire Department are considered for membership without regard to race, color, religion, sex, national origin, ancestry, marital status, or the presence of a handicap or disability which is subject to reasonable accommodation.

### PLEASE COMPLETE THE FOLLOWING INFORMATION (Print or Type)

Full Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Drivers License # \_\_\_\_\_

### Present Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Previous Address (If Above Address Less Than 3 Years):

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### In Case of Emergency, Notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

### Present Employer:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

### What days/shifts are you available to make runs?

	DAYS	EVENINGS	NIGHTS
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

**Previous Fire/Emergency Services Experience:**  **Check if does not apply**

Department: \_\_\_\_\_ Rank/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Chief's Name \_\_\_\_\_

Service Dates: \_\_\_\_\_

**Current Certifications (Fire Service, EMS, CPR, other):**  **Check if does not apply**

Type: \_\_\_\_\_ Cert No. \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ Cert No. \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ Cert No. \_\_\_\_\_ Expires: \_\_\_\_\_

\*attach copies of certifications to the back of application

\*use separate piece of paper to write down any other certifications

**Specialized Training/Classes:**  **Check if does not apply**

---

---

---

**Education:**

Do you have a High School diploma or GED certificate?      Yes                  No

**Give name, address, and telephone number of three references who are not related to you.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Have you ever been convicted of a felony? (Please circle)      YES                  NO**

**List all traffic citations or convictions for the past 5 years including date, location, and description. Do not include parking violations.**

---

---

**List all automobile accidents for the past 3 years including date, location and nature of accident.**

---

---

**ACKNOWLEDGEMENT:**

**ALL APPLICANTS NEED TO CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN BELOW.**

- I certify the information given in this application and all supplemental sheets is true and complete to the best of my knowledge. I understand that misrepresentation or omission of fact on this application and/or any supplemental sheet may constitute grounds for disqualification or termination regardless of when the misrepresentation or omission is discovered.
- I authorize Wadesville Center Township Fire Department to verify all statements contained in this application and to conduct an investigation of my background and qualifications to the extent necessary to determine my suitability for membership on Wadesville Center Township Fire Department. I understand information concerning the nature and scope of this investigation will be provided to me upon written request. I agree to assist and cooperate with the department and any representative thereof in obtaining verification of necessary information.
- I authorize any person, agency, partnership or corporation having any information concerning my background and qualifications to release such information.
- I agree to abide by all Standard Operating Procedures, Standard Operating Guidelines, By-laws and Rules and Regulations set forth by Wadesville Center Township Volunteer Fire Department.

**Training you are required to complete:**

- State of Indiana Mandatory Training-Mandatory Firefighter - 40 hours (required prior to emergency response)
- Firefighter I/II within first two years or as available - 120 - 140 hours
- First Responder or EMT within two years or as available - 40 - 80 hours

**Requirements that must be met before voted on as a member:**

- Police background check
- Attend one business meetings unless variance granted by Board of Directors
- Interview with Board of Directors

I have read these authorizations, agreements and release of all claims, and I expressly agree to the terms set out herein.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT- DO NOT WRITE ON THIS PAGE**

APPLICANT \_\_\_\_\_

DATE

1. APPLICATION RECEIVED: \_\_\_\_\_

2. BACKGROUND CHECK COMPLETE: \_\_\_\_\_

3. INTERVIEW WITH BOARD OF DIRECTORS \_\_\_\_\_

4. COMMENTS:

**BOARD OF DIRECTORS RECOMMENDATION**

Approve Application     Disapprove Application     Conditional Approval

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(BOARD OF DIRECTOR'S PRESIDENT or VICE-PRESIDENT)

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(BOARD OF DIRECTOR'S MEMBER)

**RECOMMENDATION BY MEMBERS**

Approve Application     Disapprove Application     Conditional Approval

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(CHIEF OR DESIGNEE)

MEMBERSHIP EFFECTIVE DATE: \_\_\_\_\_