

Dublin Volunteer Fire Department, Inc.

PO Box 61

Dublin, In 47335

765-478-1266

765-478-3875 FAX

APPLICATION FOR MEMBERSHIP

Fill out each space completely. If an area does not apply to you, write N/A in the space.

Please print legibly.

Last Name: _____ First: _____ MI: _____

SSN: _____ Phone Number: _____

Address: _____ City: _____ ST: _____ Zip: _____

DOB: _____ Age: _____ Marital Status: _____

E-Mail Address _____

Spouse's Name or Nearest Relative: _____ Phone Number: _____

How Long Have You Lived At the Above Address? _____

Previous Address: _____ City: _____ ST: _____ Zip: _____

Length Time at Previous Address: _____

Occupation: _____ Employer: _____

Supervisor: _____ Length Of Employment: _____

Address: _____ Phone: _____

Hours and Days You Work: _____

Previous Employer: _____ Phone Number: _____

Length of Employment: _____ Reason For Leaving: _____

Time Available For Response: _____

Do You Have Any Physical Or Medical Impairments Which Would Prohibit You From Doing Your Job?

Yes _____ No _____

Are You Interested In: Fire Fighting _____ EMS _____ Both _____

Previous Experience as a Fire Fighter or EMS Member. List All Departments or Other Volunteer

Organizations You Have Been Affiliated With And The Dates You Were With Each Organization:

Department/Organization: _____ Dates: _____ Phone: _____

Reason for Leaving: _____

Department/Organization: _____ Dates: _____ Phone: _____

Reason for Leaving: _____

List Any Certificates You Currently Hold

Emergency Medical Tech #: _____ CPR Card Expiration Date: _____

Fire Fighter Cert Date: _____ Other: _____

Name of High School Attended: _____ Diploma Yes ___ No ___

List Any Other Formal Education You Have Received: _____

List Any Other Special Skills You Have: _____

Military Service

Branch: _____ Dates: _____ to _____ Type of Discharge: _____

Are you a member of any Reserve or National Guard Unit? Yes _____ No _____

If Yes What Branch? _____

A copy of your certificates must accompany this application when submitted

References

Three Character References (No Relations Please) (Fill Out All Required Lines)

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding; ever been convicted, fined, imprisoned, or placed on probation; ever been ordered to deposit bail or collateral for the violation of any law or ordinance (Excluding minor traffic violations, where a fine or forfeiture of \$50.00 or less was imposed?) Yes _____
No _____

If yes, please give details, including dates and places: _____

Have your driving privileges ever been suspended, revoked, or refused? Yes _____ No _____

Driver's License # _____

State: _____ Expiration Date: _____

Automobile Liability Insurance:

Name of insuring auto agent or company _____

Address _____ Phone _____

A copy of your Drivers License and your current Auto Insurance

must accompany this application when submitted

Please read before signing:

I desire to become an active member of Dublin Volunteer Fire Department. I hereby agree that if accepted, I will abide by the Policies, Procedures, and Guidelines of the Department. I will attend the required amount of training and meetings and I will assist at department functions when possible. I further agree to obey all lawful orders from the Department Officers when on duty. I also understand that if accepted to membership, I shall be on probation as prescribed in department by-laws.

I understand that all Department issued equipment, including pager, charger, badge, turnout gear, uniforms, etc, issued to me, remains the property of the Department, and that I shall return all such property to the Department when I resign, become inactive, or my membership is terminated or suspended.

I hereby acknowledge that all questions have been answered truthfully and to the best of my knowledge. I understand that if any of the information in this application is found to be false, it can result in denial of my application or termination of my membership.

Acknowledge by Applicant

I have applied for employment, or acting as a volunteer with the Dublin Volunteer Fire Department, Inc. I understand that a pre-employment physical and drug test may be necessary before appointment to the department as a probationary member. I understand that the Dublin Police Department will provide the Dublin Fire Department with any record I may have for conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Dublin Police Department and Dublin Police employees from any claim for damages arising from the dissemination of inaccurate information.

Applicant's Printed Name

Applicant's Signed Name

Date Signed