



Fredericktown Volunteer Fire Department Application for Membership

202 West College St.
Fredericktown, Mo 63645
573-783-3623
www.fredericktownfire.com

Dear Applicant:

Thank you for showing interest in your Fredericktown Fire Department. By picking up this application packet, you have shown that you have an interest in protecting and preventing destruction to property and lives in this community. Upon completing this application packet, you should find this to be an important commitment.

Please read this packet carefully and in its entirety. It contains the following:

1. The application is for a volunteer organization and the information should be given on a voluntary basis. Be sure to fill in ALL the blanks. If you have questions on any item(s), please give us a call. If you need additional space to complete any questions, use a blank sheet of paper. Make sure the application is signed. Any unsigned applications are not acceptable, and will result in automatic rejection.
2. Authorization for release of information: This allows the Fredericktown Fire Department to obtain any information on your application through law enforcement agencies.
3. If you have any additional skills or trainings you feel would be advantageous to this department, please provide training verification for our review. Example: CPR, EMT, Paramedic, First Responder, Firefighter I & II.

Please complete this application packet to the best of your knowledge and sign all forms. If there are any questions concerning this packet, please contact the Fredericktown Fire Department and leave your name, phone number, and information needed. Someone will return your call.

Respectfully,
Chief John Clark

REQUIREMENTS FOR MEMBERSHIP TO THE FFD

FIREFIGHTER:

- Citizen of the United States
- Legal resident of the FFD district
- Possess a valid Missouri State Drivers license.
- Must be at least 18 years of age.
- Application for membership must meet all application and induction requirements.
- To be considered for membership, the candidate must successfully pass all pre-membership tests including the following: physical agility test, written exam, oral board interview, interview with chief officers, and approval by the current members.
- Upon being offered a position with the Fredericktown Fire Department one must submit to a background check, fingerprinting, and drug screening.
- Upon acceptance, member will be required to be enrolled in a Firefighter I and II class within the first two years of membership, and successfully complete the course and obtain state level certification. All class expenses will be paid for by the fire department.
- Upon acceptance, member will be classified as a probationary firefighter for a six-month period while he/she is placed in our probationary firefighter training program. Upon successful completion of the probationary program the member will be classified as a firefighter and will be placed in our apparatus driver training program.

APPLICATION FOR MEMBERSHIP
FREDERICKTOWN FIRE DEPARTMENT
(Please type or print all information)

Date: _____

Name: _____ SS#: _____

Age: _____ Date of Birth: _____ Birth Place: _____

Present Address: _____
(Number and street) (How long)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer's Name: _____ Phone #: _____

Length of Employment: _____

Does your employer support your applying for membership? _____

List three character references, outside family and Fredericktown Fire Department:

(Name) (Address, city, state, zip) (Phone #)

(Name) (Address, city, state, zip) (Phone #)

(Name) (Address, city, state, zip) (Phone #)

Highest level of education: _____

Are you a legal citizen of the United States? _____

How long have you resided in the FFD fire district? _____

Do you work day time hours? _____ Evening hours? _____

Late night hours? _____ Weekends? _____

List all addresses in the previous five years (most recent first):

List all places of employment for the last five years to present date. Include addresses and supervisors, job description and reasons for leaving:

Have you been convicted of any violations of the law other than parking violations?

Yes _____ No _____ If yes, complete the following:

<i>Violation:</i>	<i>Date:</i>	<i>Place:</i>	<i>Court:</i>	<i>Disposition:</i>

Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).

List any special training you feel would be advantageous to the fire service:

Of all the volunteer services within the Fredericktown area, why do you want to volunteer your time and services to the Fredericktown Fire Department?

Do you belong to other volunteer organizations? If so, please list and briefly describe them:

List any present or past members of the Fredericktown Fire Department you know:

I understand that if I should be accepted as a member of the Fredericktown Fire Department, I will uphold the constitution and by-laws of this department. I also agree to participate fully in all activities associated with the fire department. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Fredericktown Fire Department.

(Signature of Applicant)

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Fredericktown Fire Department
202 West College
Fredericktown, Mo
63645

Date: _____

Please accept this authorization to give the Fredericktown Fire Department or their agent any and all information pertaining to any records in your files involving
_____ (name of applicant), including police reports,
accident reports, etc.

(Signature of Applicant)

