

Woodland Volunteer Fire & EMS Membership Application

Place "X":

____ Firefighter ____ EMT ____ Associate

Applicants Name: _____

(Print Name As It Appears On Drivers License)

Applicants address/residence for last five years starting with present address first, use additional sheets if necessary and attach to back of application.

Street and Number	City	State	From	To
_____	_____	_____	____/____	Present
_____	_____	_____	____/____	____/____
_____	_____	_____	____/____	____/____
_____	_____	_____	____/____	____/____
_____	_____	_____	____/____	____/____

Phone: Home (____) _____-_____ Mobile: (____) _____-_____

Email: _____ Date of Birth: _____

Social Security # _____ Driver License # _____

State: _____ Exp. Date: ____/____/____ Do you have any endorsements? (____) Yes, (____) No,
If Yes
List _____

Has your driver's license ever been suspended or revoked? (____) Yes, (____) No. If yes please
explain: _____

High School Diploma/GED Program: (____) Yes, (____) No, Name of High School or GED
Program _____

(Please complete the education supplemental history sheet)

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Occupation: _____

Present Employer: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____ Supervisor: _____

Are you presently a member of another fire company or emergency medical services organization? () Yes, () No

Have you ever been denied membership or removed from any other fire or emergency medical services organization? () Yes, () No. If yes, on a separate sheet of paper please explain each instance.

Criminal convictions or disorderly conduct violations () Yes, () No, State: _____

If yes, on a separate sheet of paper please describe each conviction and violation (Including municipal ordinance violations). Also be advised that as part of the application process you will require to authorize us to obtain a copy of your criminal history record report.

Special Skills and Experience: State any special skills or experience, training, licenses, or certifications or other factors that make you especially qualified to be a volunteer fire firefighter, EMT, or Fire Police Officer.

Comments or additional information about yourself that we should know:

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I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is incomplete, untrue, or inaccurate. If approved for membership, I also understand that my membership may be terminated at any time if Woodland Volunteer Fire & EMS later discovers that information I provided on this application was incomplete, untrue, or inaccurate. For your application to be considered complete, you must sign and date below:

Complete Name:

(Print): _____

Applicants

Signature: _____

Date: ____/____/____

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Employment History Supplemental Sheet

Employer Name: _____

Address: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____

Reason for Leaving: _____

May we contact this employer: (____) Yes, (____) No. Supervisor: _____

Work performed and responsibilities: _____

Job Title: _____

Employer Name: _____

Address: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____

Reason for Leaving: _____

May we contact this employer: (____) Yes, (____) No. Supervisor: _____

Work performed and
responsibilities: _____

Job Title: _____

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Employer Name: _____

Address: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____

Reason for Leaving: _____

May we contact this employer: (____) Yes, (____) No. Supervisor: _____

Work performed and responsibilities: _____

Job Title: _____

Employer Name: _____

Address: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____

Reason for Leaving: _____

May we contact this employer: (____) Yes, (____) No. Supervisor: _____

Work performed and
responsibilities: _____

Job Title: _____

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Educational Supplemental History Sheet

Provide information on your formal schooling and education, including elementary, secondary, and post-secondary, if any. Include any vocational or professional education. For high school or post-secondary education, indicate any major or specialty, such as "Business," "Trade," "Associates Degree," "Bachelors Degree, etc.

High School _____ Year Graduated: _____

Major/Study: _____

College: _____ Year Completed: 1, 2, 3, 4

Graduated () Yes, () No

Major: _____

Other: _____

Graduated () Yes, () No

GED
Program: _____

Graduated () Yes, () No

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Fire/EMS Supplemental history sheet

This section must be completed even if you submit a resume, List all Fire and EMS Organizations that you have been a member of. Begin with the most recent organization, Include ALL organizations.

Organization Name: _____

Address: _____ City: _____ Zip: _____

Position: _____ Date Started ____/____/____ Date Left: ____/____/____

Reason for Leaving: _____

Supervisors Complete Name and Phone

Number: _____

Organization Name: _____

Address: _____ City: _____ Zip: _____

Position: _____ Date Started ____/____/____ Date Left: ____/____/____

Reason for Leaving: _____

Supervisors Complete Name and Phone

Number: _____

Pre-Membership Authorization Release and General Release of Liability

In connection with my application for membership with Woodland Volunteer Fire and EMS, I agree and understand that background inquiries may be requested by you or on your behalf that will seek information in regards to my character, work habits, including oral assessments of my previous volunteer and work related job performance, experience, abilities, along with reasons for termination or resignation from past volunteer positions and employment. Furthermore, I understand and agree that you may request information from various federal, state, local, other agencies, including public and private sources which maintain records concerning my past activities pertaining to my driving record, criminal record, previous employment, education, background, and other previous volunteer and employment related experiences.

I hereby authorize any individual, company, organization, or institution to furnish to Woodland Volunteer Fire & EMS with any and all of the foregoing mentioned information it may have concerning me which is on record or otherwise, and I do hereby release said individual, company, organization, or institution and all individuals connected therewith, including Woodland Township and its employees, officers and agents, from any and all liability whatsoever that might otherwise might be incurred in furnishing and using such information.

I understand that you will use this information only for the purpose of considering my application for membership with Woodland Volunteer Fire & EMS and you will not furnish this information to a third party, except to the volunteer fire company to which I am also applying, without my written consent.

I acknowledge that a telephonic facsimile or copy of this release shall be valid as the original.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge:

Last Name: _____ Social Security Number: _____ - _____ - _____

First Name: _____ Phone Number: _____

Middle Name: _____ Mobile Number: _____

Address: _____

City: _____ State: _____ Zip: _____

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Driver's License Number: _____ State: _____

Former

Names/Alias: _____

Have you ever been arrested: () Yes, () No If yes,

Where: _____

List

Offense(s): _____

By signing this document I certify that I have read this document and agree to its terms,
including the General Release of Liability

Signature: _____ Date: ____/____/____

Print Name: _____

-Please Do Not Write Below This Line- For Office Use Only-

_____ **No Record** _____ **Record** **Date:** ____/____/____

Back Ground Performed By (Agency): _____

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I, (Print Complete Name) _____ fully understand that if I am accepted as a member of Woodland Volunteer Fire and EMS as a member in any classification stated in the Company By-Laws that I will not violate any By-law, Standard Operating Guideline (SOG), or Policy of the Company. I further understand that during fund raising events or functions, school/training classes, or while representing the Woodland Volunteer Fire and EMS as well as Woodland Township in any capacity I shall act in a professional & courteous manner to the residents of Woodland Township and surrounding communities.

1. I understand that the Woodland Volunteer Fire and EMS has a strict Social Media Policy and shall adhere to this policy in its entirety or face disciplinary action.
2. It has been explained to me that I may be subject to an alcohol or controlled substance test at no charge to me if I am involved in any type of accident while driving township owned vehicles.
3. I understand that at any time I shall notify Woodland Fire and EMS Officer in any written or verbal form of any medical condition or injury that precludes me from responding to calls or that restricts my normal work habits that I will be placed on a "Medical Leave" status by the Chief. I understand that I will have to submit a doctors note to the Chief before being allowed to participate as an active member on calls, or any function that could further any injury I may have. We will not accept a "Return to Work" note from a doctor, the acceptable note shall state: *(Your full name) under my care has no restrictions and may return to full firefighting and/or emergency medical functions". This note shall have a valid date included.*

(signature)

Date: ____/____/____

(Parent/Guardian)

Date: ____/____/____

Shawn Viscardi, Fire Chief

Date: ____/____/____