

MILTON VOLUNTEER FIRE & RESCUE

NEW MEMBER APPLICATION PROCESS AND CHECKLIST

Thank you for your interest in becoming a member of the MILTON VOLUNTEER FIRE & RESCUE DEPARTMENT. Below you will find a list detailing the process that you will need to follow in order to become a member.

- By reading this letter you have already begun your first step, which is to obtain an Application for Membership, found below. Please fill it out completely and accurately, making sure that you sign and date the application at the end.
- You may return your completed application, **all pages, except first page, stapled together**, to any Officer of the Department any Thursday night at 7:00p.m. Any incomplete application will be returned to the applicant via U.S. mail.
- The Membership Board will review your application. If the application is completed correctly, you will receive a phone call approximately one (1) week prior to the next Membership Board meeting and you will be asked to attend this meeting to be interviewed personally by the committee.
- During your personal interview, we will discuss the rules and requirements of the new Fire Department Members.
- Additional forms may need to be completed at your interview as well.
- We ask that you bring your Driver's license, state issued ID, **or** proof of residency with you to the interview. Any certifications you've obtained in the past, (CPR, EMT, Completed class certificates, Fire courses, etc...) should be brought to this interview as well, so that we may make copies for your file.
- New members are sworn in at the monthly department meeting, held on the first Thursday of each month. If all your paperwork is completed properly, returned, and you've been interviewed prior to the first Thursday of the month, you should receive a call from the Asst. Chief or another Board Member asking you to attend the meeting to be voted on by the Membership.

NOTE: PLEASE DO NOT GIVE ANY OF YOUR PAPERWORK TO A MEMBER OF THE FIRE DEPARTMENT OTHER THAN AN OFFICER OF THE DEPARTMENT.

If you have any questions or would like to contact us, please call (502) 268-3016

MILTON VOLUNTEER FIRE DEPARTMENT

Application for Membership

Instructions- please print all answers carefully and truthfully in either black or blue ink. You may attach additional sheets of paper if necessary in order to provide more complete information.

PERSONAL INFORMATION

FIRST NAME MIDDLE NAME LAST NAME

DATE OF BIRTH (MM/DD/YY)

AGE

CURRENT HOME STREET ADDRESS

HEIGHT (feet/inches)

WEIGHT

CITY STATE ZIP

HAIR COLOR

EYE COLOR

YEARS AT ADDRESS

SOCIAL SECURITY NUMBER

MARRIED/SINGLE

HOME PHONE

WORK PHONE

DRIVER'S LICENSE ID# CLASS EXPIRES

NAME/ADDRESS/RELATIONSHIP/PHONE of EMERGENCY CONTACT

MEDICAL HISTORY

YES / NO Do you currently have any medical problems? If YES, explain below.

YES / NO Do you have a physical handicap that may affect your ability to fight fires? If YES, explain below.

YES / NO Have you ever had epilepsy? If YES, explain below.

YES / NO Have you ever had mental or nervous ailment? If YES, explain below.

YES / NO Have you ever been institutionalized? If YES, explain below.

YES / NO If asked, would you be willing to take a Fire Department Physical/Drug screen? If NO, explain below.

If you answered YES to any of the above questions, provide explanations below.

PERSONAL HISTORY

Start with current or most recent employer, list at least three.

CURRENT EMPLOYER

PREVIOUS EMPLOYER

CURRENT JOB TITLE

PREVIOUS JOB TITLE

EMPLOYER'S STREET ADDRESS

PREVIOUS EMPLOYER'S STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PREVIOUS EMPLOYER

PREVIOUS JOB TITLE

HIGHEST GRADE OF SCHOOL COMPLETED

PREVIOUS EMPLOYER'S STREET ADDRESS

VOCATIONAL SCHOOL (if any)

CITY STATE ZIP

YES / NO Do you have a license, certificate, or other authorization to practice a trade or profession? If YES, explain below.

YES / NO Do you have any previous Firefighting or EMS experience? If YES, explain below.

YES/ NO Have you ever served in the United States Military? If YES, explain below AND attach a copy of your DD-214 to this application.

YES / NO Have you ever been arrested, indicted, and convicted of a misdemeanor or felony, or been a defendant in a criminal proceeding? If YES, explain below.

YES / NO Are you now/have you been addicted to alcohol or drugs? If YES, explain below.

NAMES OF MEMBERS OF THIS DEPARTMENT WITH WHOM YOU ARE AQUAINTED WITH?

If you answered YES to any of the above questions, provide explanations below.

Milton Volunteer Fire & Rescue Department

Code of Conduct

1. I fully realize and accept the responsibilities of being a Volunteer Firefighter and shall perform the duties assigned to me.
2. I shall respond promptly and safely to all calls for service unless I have a valid excuse, i.e. work, kids, etc.
3. I shall do my share of work required to maintain apparatus, equipment, and the firehouses.
4. I shall report to the Firehouse immediately after each call in order to help put apparatus and equipment in shape for the next call.
5. I shall refrain from using profane or immoral language while working at fires and in or around the Firehouse.
6. I shall do my work on any scene or training in a quick and safe manner.
7. I shall report for trainings, practice earnestly, and do my part in making our Fire Department an efficient, orderly Firefighting Organization.
8. I shall be loyal to my Officer and Department and shall conduct myself at all times in a manner that is in keeping with the responsibilities of a Firefighter.
9. I shall remember that I am in the eyes of the public and Media both on and off duty, and I shall conduct myself accordingly.
10. If at any time I feel that I cannot comply with the Rules and Regulations of Milton Fire & Rescue Department, I shall voluntarily resign.
11. Persons making application to this Department are obligated to read their application before signing it. If there is any doubt that I will not be able to conform to the above rules and regulations of this Department, I will not make application.

NAME/ADDRESS/PHONE/RELATIONSHIP of FIRST CHARACTER REFERENCE OTHER THAN FIREFIGHTERS.

NAME/ADDRESS/PHONE/RELATIONSHIP of FIRST CHARACTER REFERENCE OTHER THAN FIREFIGHTERS.

The Department Board will investigate this application and its findings will be filled in the applicant's personal record. In addition, your application will be checked by local law enforcement agencies before you will be allowed to become a member of this Department. All information will remain confidential.

DECLARATION BY APPLICANT

I affirm, subject to the penalties of perjury, that the statements by me contained herein on this application are to the best of my knowledge and belief, true and correct.

Applicant's Signature and Date

APPLICANT: DO NOT WRITE ON THIS PAGE

CLEARANCE REPORT

REMARKS:

NCIC / LINK

AFFIRMATIVE // NEGATIVE

Authorized Signature: _____

Date: _____

MEMBERSHIP COMMITTEE REPORT

ACCEPTED // REJECTED

Chief signature

Asst. Chief Signature

President Signature

Applicant notified for interview DATE

Applicant notified for Dept. meeting DATE

Applicant hire date/Probation start

Probation end date