

Bracken Volunteer Fire Department
Application to become a Non-paid Volunteer firefighter and/or EMT

Name _____ Date _____
first middle last

Home address _____
street city state zip

Mailing address _____
street city state zip

Home phone (____) _____ Work phone (____) _____ ext. _____

Pager # (____) _____ S.S. # _____ - _____ - _____ Are you presently employed? Y / N
Circle one

If so, where? _____
Name of company Supervisor's name

T.D.L. # _____ Class _____ Restrictions _____ Exp. Date _____

Have you ever been charged with traffic violations, etc.? Y / N If so, what type? _____
Circle one Use back if necessary

Has your driver's license ever been suspended? Y / N If yes, why? _____
Circle one Use back if necessary

Current firefighting and/or EMT certifications and expiration dates _____

Previous firefighting/EMS experience _____

References _____
name address phone number

_____ name address phone number

_____ name address phone number

In case of emergency, contact _____ (____) _____
name phone number relationship

Briefly state why you want to join the Bracken Volunteer Fire Department. _____

You may be required to provide your complete driving record and/or criminal record, if applicable.

Omitting or falsifying information on this form can result in termination from the Bracken Volunteer Fire Dept.

I authorize the Bracken V.F.D. or other agencies to inquire into or conduct a background investigation in connection with my application for membership as a firefighter and/or EMT with the Bracken V.F.D. I understand that if my application is not approved no reason for disapproval will be given.

I understand that firefighting and EMS duties are inherently dangerous and will not hold the Bracken Volunteer Fire Dept. liable for any accidents or injuries beyond the Dept.'s control.

Signature _____ date

Parent or guardian's signature if applicant is a minor _____ date

Application approved _____ denied _____ Date _____

Fire Chief

Lieutenant

Assistant Fire Chief

Lieutenant

Assistant Fire Chief

Fire Marshal

Captain

Deputy Fire Marshal

Captain

E.M.S. Administrator

Lieutenant

Assistant E.M.S. Administrator

Lieutenant

Remarks: _____
