

JEFFERSON-MONROE FIRE DEPARTMENT, INC

Swisher Firefighters and First Responders

2559 120th Street NW/PO Box 246

Swisher, Iowa 52338-0246

Email: jmf@southslope.net

VOLUNTEER APPLICATION FORM

Position Applied For: Firefighter Firefighter/EMS EMS Only

Cadet (Age 16-18) Auxiliary (Non-emergency response)

Name: _____
Last First Middle Initial

Current Address: Street _____ Mail _____

City _____ State _____ Zip _____ DL# _____ State _____

Phone: Home _____ Cell _____ Provider _____

Date of Birth: _____ Email address: _____

Marital Status: _____ Emergency Contact Name _____ Phone _____

Spouse/Significant Other Name _____ # of Dependents _____

Employed By: _____ Location _____

Normal Work Schedule _____

Type of Work or Position _____ Employed Since _____

Other Work Experience _____

Medical History: Have you had a physical in the last two years? Yes No

List any medical conditions which might affect job performance or treatment: _____

Physical Disabilities or Restrictions _____

Allergies _____ Last Tetanus shot _____

Hospital of Choice _____ Primary Care Physician _____

Education: High School Diploma Vocational School Type of Training _____

College Degree Area _____ Other Education _____

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Fire/Rescue Training - None Firefighter 1 Firefighter 2 HazMat Operations

NIMS: 100 200 700 800 300 400 Rescue _____

Other Fire/Rescue Training _____

Fire Service Experience: Department _____ # of Years _____

Emergency Medical Training: None EMR (First Responder) EMT Paramedic

State of Certification _____ Other Training _____

Emergency Medical Service Experience: Service _____ # of Years _____

Do you have a vehicle that you can drive to emergencies, training sessions and other fire department activities? Yes No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities? Yes No

Do you have any felony convictions or DUI violations? Yes No

Comments:

NOTE: BACKGROUND CHECKS WILL BE CONDUCTED ON ALL APPLICANTS FOR MEMBERSHIP ON THE JEFFERSON-MONROE FIRE DEPARTMENT, INC.

I certify that all statements given on this form are true. I agree that I will obey all federal, state and local laws, rules and regulations and follow the operational guidelines as prescribed by the Jefferson-Monroe Fire Department, Inc. I understand that I will be on probation for not less than 12 months and must complete training and attend meetings as required by the by-laws of the Jefferson-Monroe Fire Department, Inc.

Signed: _____ Print Name _____ Date _____