Three Star Volunteer Fire Department

Application for Membership

1. WHAT DOES IT MEAN TO BE A MEMBER OF THREE STAR FIRE AND RESCUE?
   a. Members attain a sense of pride and self-worth in their accomplishments.
   b. The feeling of being there to help a friend, neighbor or other person in their time of need.
   c. Being part of the solution; not part of the problem.
   d. Helping the community with other projects.

2. WHAT DO YOU GET FOR BEING A MEMBER OF THREE STAR FIRE & RESCUE?
   a. Becoming part of a growing organization of dedicated professional volunteers.
   b. Educational opportunities in firefighting, emergency medicine and other emergency service fields.
   c. Workers Compensation coverage while on duty.
   d. Satisfaction of making a difference in our community.

3. WHAT CAN YOU DO AS A VOLUNTEER?
   You will have the opportunity to attain certification as a firefighter, attend EMS First Responder training, acquire certification in the art of Vehicle Extrication and learn skills that will make you stronger both mentally and physically.

4. WHAT IS REQUIRED TO BE A VOLUNTEER?
   a. Live inside (or within close proximity of) the Three Star Fire Management Zone.
   b. Agree to complete required minimum training and follow through on that agreement.
   c. Be willing to attend at least the minimum number of training, fundraising and maintenance activities.
   d. Respond to alarms as needed.
   e. Abide by Three Star Volunteer Fire Department Rules, Regulations, Bylaws and operating procedures.
   f. Maintain a positive attitude and be willing to learn and grow personally and professionally.
   g. Be a U. S. Citizen or Resident Alien.

IF YOU THINK YOU MAY HAVE WHAT IT TAKES, PLEASE CONTINUE TO PAGE TWO AND COMPLETE THE APPLICATION. WHEN COMPLETE, PLEASE PRINT THE APPLICATION, SIGN IT AND BRING IT TO THE FIREHOUSE AT 2050 SADLER SCHOOL ROAD, BRIGHTON, TN 38011.

FOR FURTHER INFORMATION AND / OR ASSISTANCE IN SUBMITTING APPLICATION, PLEASE CONTACT
CAPTAIN DAVE HESSLING - RECRUITING OFFICER @ 901-497-2720

THE THREE STAR VOLUNTEER FIRE DEPARTMENT PROVIDES EQUAL OPPORTUNITY FOR ALL QUALIFIED APPLICANTS AND DOES NOT BAR MEMBERSHIP BASED ON SEX, RACE OR RELIGION

Name: _____ **SSN:** _____-_____-_____
(Last) (First) (Middle) (Suffix)

Current Street Address
Including City & Zip Code: _____

How long at this address?
_____ Years _____ Months

Previous Address: _____
(if less than two years)

EMAIL ADDRESS: _____

How long at this address?
_____ Years _____ Months

DATE OF BIRTH: _____

Phone Numbers: Home: _____ **MOBILE:** _____

Work: _____ **May we call you at this number?** _____ **YES** _____ **NO**

DRIVERS LICENSE INFORMATION

Do you possess a valid drivers license? _____ **YES** _____ **NO**
Has your drivers license been revoked in the past three years? _____ **YES** _____ **NO**

License Number: _____ **State issued:** _____ **Expiration Date:** _____

Class of license: _____ **Endorsements:** _____ **Restrictions:** _____

Explain the type of equipment / vehicles you have operated or are qualified to operate:

NOTE: Your driving record will be checked as part of the application process.

EDUCATION & TRAINING

Did you graduate from High school? _____ **YES** _____ **NO** **IF NOT - DO YOU HAVE GED?** _____ **YES** _____ **NO**

Colleges, Universities, Junior or Community Colleges attending and / or completed Name - City - State	Dates Attended FROM TO	Credit Hours Earned Qtr/Sem	Type of Degree Earned Date Degree Awarded	Indicate Major / Minor

Business, Technical or Vocational Schools attending and / or completed Name - City - State	Dates Attended FROM TO	Credit Hours Earned Qtr/Sem	Type of Degree Earned Date Degree Awarded	Indicate Major / Minor

List active licenses, certificates or registrations (include numbers and expiration dates where applicable)

_____

_____

List any other education you feel is important to this application

_____

_____

EMPLOYMENT HISTORY

Present Employer: _____ **From (MM / DD / YY)** _____ / _____ / _____

Employer Address: _____ **To (MM / DD / YY)** _____ / _____ / _____

City, State & Zip Code _____ **Hours per week:** _____

May we contact your employer? YES NO

Your job title: _____ **Number you supervise:** _____

Supervisor's name: _____ **Telephone number:** _____

Explain your duties in detail:

_____
_____
_____
_____

REFERENCES

List two professional / work references (not related to you). Please include name, address and phone number.

1. _____
_____

2. _____
_____

List two personal references (not related to you). Please include name, address and phone number.

1. _____
_____

2. _____
_____

GENERAL QUESTIONS

1. Do you feel you are in sufficiently good health to perform the duties you are applying for?
If NO, explain fully in "Comments Section" ___YES ___ NO __ Not Sure

2. Do you have a medical history which may cause you difficulties in performance of your duties?
If yes, explain fully in "Comments Section" ___YES ___ NO __ Not Sure

3. Will your current employer allow you to leave work in the event of an emergency incident? ___YES ___ NO __ Not Sure

4. Have you ever been convicted of any criminal violation of law including traffic?
If yes, explain fully in "Comments Section" ___ YES ___ NO

5. Do you have a reliable source of transportation to the firehouse? ___ YES ___ NO

6. Have you ever been discharged from a job for any reason?
If yes, explain fully in "Comments Section" ___ YES ___ NO

7. How many hours per month do you feel you will be able to put into being a volunteer? _____ hours or ___ Not Sure

8. Have you ever driven a large truck, such as a fire engine? ___YES ___ NO __ Not Sure

9. Do you feel you can you wear a self-contained breathing apparatus? ___YES ___ NO __ Not Sure

10. Are you afraid of heights? ___YES ___ NO __ Not Sure

11. Do you feel that you have the dexterity necessary to operate tools under difficult conditions? ___ YES ___ NO

12. Have you ever been a member of a fire department, EMS provider or law enforcement agency?
If yes, provide information below. ___ YES _____ NO

Name of agency: _____ **Dates of membership: From** ____/____/____ **TO:** ____/____/____

Address, City, State & Zip Code of Agency: _____ **Phone #** _____

Duties performed: _____ **Supervisor's Name:** _____

Reason for leaving: _____

ALL APPLICANTS: Briefly explain your reasons for wanting to become a member of Three Star Volunteer Fire Department (Please type or print legibly)

_____
_____
_____
_____
_____
_____

COMMENT SECTION

This space is provided for applicant to provide detailed answers, additional comments or continuation of answers. Please indicate to which question the comments apply.

ITEM # **COMMENT**

_____
_____
_____
_____
_____
_____

CERTIFICATION OF INFORMATION

I hereby certify that all statements made in this application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to acceptance by Three Star Volunteer Fire Department. I understand that should there be a question as to my physical aptitude I may be required, at my own expense, to attain medical examination / certification as a condition of membership / continued membership.

If accepted by Three Star Volunteer Fire Department, I agree to abide by and comply with all rules, regulations, bylaws, policies and procedures as published. I understand I am free to leave at any time with or without cause. I further understand and agree that the Three Star Volunteer Fire Department has the same rights as I do to terminate my appointment as outlined in department bylaws.

I, the undersgined applicant do hereby authorize the Three Star Volunteer Fire Department to release all requested information, whether recorded or unrecorded, to necessary agencies to facilitate sufficient background investigation so as to verify eligibility for membership. I hereby agree and promise to indemnify and hold harmless the Three Star Volunteer Fire Department , its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney's fees, of any kind and nature arising or growing or in any way connected with the disclosure of the requested information.

This authority shall continue for one (1) year unless revoked in writing by the undersigned.

_____ _____

Signature of applicant for all statements above — Date of signature

Office Use Only

_____ DATE APPLICATION RCVD BY RECRUITING OFFICER

_____ DATE CANDIDATE INTERVIEWED BY RECRUITING OFFICER

Accepted as candidate: _____ YES _____ NO

COMMENTS: _____

Approved for use January 2007

Print Form