

**FRIENDSVILLE VOLUNTEER FIRE DEPARTMENT**

P.O. BOX 7 \* FRIENDSVILLE, TN \* 37737

BUSINESS # (865) 995-0986

*Fueled by fire, driven by courage*

**APPLICATION FOR VOLUNTEER MEMBERSHIP**

**VOLUNTEER APPLICANT INFORMATION (please print clearly)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**EMERGENCY NOTIFICATION**

In Case of Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_  
If above cannot be reached, Notify \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

**EMERGENCY SERVICE EXPERIENCE - ATTACH COPIES OF ALL CERTIFICATIONS AND LICENSES**

Are you a certified firefighter in Tennessee? \_\_\_\_\_ Another State? \_\_\_\_\_, Level of Certification \_\_\_\_\_  
Do you hold licenses or certifications in any of the following?  
CPR \_\_\_\_\_ MED RESPONDER \_\_\_\_\_ EMT \_\_\_\_\_ EMT-IV \_\_\_\_\_ PARAMEDIC \_\_\_\_\_ VEHICLE EXTRICATION \_\_\_\_\_ HAZMAT \_\_\_\_\_

**PAST / CURRENT EMERGENCY SERVICE AGENCY AFFILIATIONS**

Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Dates Served \_\_\_\_\_ to \_\_\_\_\_ CHECK ALL THAT APPLY: Fire \_\_\_\_\_ EMS \_\_\_\_\_ Rescue \_\_\_\_\_ Law Enforcement \_\_\_\_\_  
**May we contact? Circle One YES NO**

Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Dates Served \_\_\_\_\_ to \_\_\_\_\_ CHECK ALL THAT APPLY: Fire \_\_\_\_\_ EMS \_\_\_\_\_ Rescue \_\_\_\_\_ Law Enforcement \_\_\_\_\_  
**May we contact? Circle One YES NO**

**Availability** Total hours available per week \_\_\_\_\_ Day Time? \_\_\_\_\_ From Work? \_\_\_\_\_

**FIRE DEPARTMENT USE ONLY**

Date application received \_\_\_\_\_ Received by \_\_\_\_\_ Complete? \_\_\_\_\_  
Background Check Sent \_\_\_\_\_ Received \_\_\_\_\_ by \_\_\_\_\_  
Interview Date \_\_\_\_\_ Time \_\_\_\_\_  
Written Test Score \_\_\_\_\_ C.P.A.T. Score \_\_\_\_\_ Interview Score \_\_\_\_\_

Conditional Membership (circle one) ACCEPTED / DENIED vote date: \_\_\_\_\_ M.C. Initials \_\_\_\_\_  
Probationary Membership (circle one) ACCEPTED / DENIED vote date: \_\_\_\_\_ M.C. Initials \_\_\_\_\_  
Full Membership (circle one) ACCEPTED / DENIED vote date: \_\_\_\_\_ M.C. Initials \_\_\_\_\_  
PERSONNEL NUMBER ASSIGNED \_\_\_\_\_

**Motor Vehicle History**

Have you ever received a traffic citation, other than a parking citation? **YES NO.** If yes, give offense, disposition, date, & location.

**Criminal History**

Have you ever been charged/convicted of a felony or misdemeanor? **YES NO.** If yes, list crime(s) for which charged/convicted, date, and location.

**Current Employer**

Current Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ **May we contact this employer**  Yes  No

**Education** - School most recently attended:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ G.P.A. \_\_\_\_\_ Graduated? YES / NO High School Diploma? \_\_\_\_\_ GED \_\_\_\_\_

**INTEREST / SKILLS**

There are many operations and personal skills that make an organization successful. Listed below are some of those skills. *Check all that apply that you may be interested in pursuing:*

Apparatus Maintenance \_\_\_\_\_ Equipment Maintenance \_\_\_\_\_ Public Education \_\_\_\_\_ Fire Investigation \_\_\_\_\_

Photography \_\_\_\_\_ Finances \_\_\_\_\_ Training \_\_\_\_\_ Record Keeping \_\_\_\_\_

Administration \_\_\_\_\_ Pre-planning \_\_\_\_\_ Station Work \_\_\_\_\_ Computer \_\_\_\_\_

Other \_\_\_\_\_ Explain \_\_\_\_\_

**REFERENCE INFORMATION**

Please provide the names of individuals, other than relatives, that can vouch for your character. **One of these must be professional.**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Yrs. Known \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Yrs. Known \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Yrs. Known \_\_\_\_\_

The Friendsville Volunteer Fire Department is an Equal Opportunity Employer and does not discriminate due to race, sex, orientation, national origin, age, disability, or religion in regard to hiring, promoting, or duty assignment practices.

**By signing this volunteer membership application, you are affirming that the information provided is true and correct to the best of your knowledge.** The omission or falsification of any information in this application is grounds for immediate disqualification for volunteer membership.

Applicant Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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Administrative Line: (865) 995-0986 Dispatch Line 24/7 :865-983-3620

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**CRIMINAL BACKGROUND CHECK  
RELEASE OF RECORD**

**FRIENDSVILLE VOLUNTEER FIRE DEPARTMENT** is requesting background check for:

Name \_\_\_\_\_  
LAST FIRST MI MAIDEN

Other Names Used \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_  
Street/Road Apt # City/State/Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License # \_\_\_\_\_ Age to Date \_\_\_\_\_

By signing this form, you give the Friendsville Volunteer Fire Department permission to have Blount County Sheriff's Department run a background/criminal check for employment.

\_\_\_\_\_  
**YOUR Signature**

\_\_\_\_\_  
**Date**

**If you cannot personally appear to have the background check completed, your signature must be notarized**

State of Tennessee, County of BLOUNT, personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he / she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_