



VOLUNTEER APPLICATION

NAME: _____ DATE _____
Last Middle First

Current Address: _____
Street Address City State Zip Code

Phone Number _____ Alt # _____

Social Security # _____ E-Mail Address _____

Date of Birth _____

Driver's License Number _____ State _____ CLASS _____
Endorsement _____ Exp. _____

(PLEASE PROVIDE A PHOTO COPY OF YOUR DRIVERS LICENSE WITH YOU APPLICATION)

Do you have a vehicle that you can drive to Training Sessions, Meetings, and Emergency Calls? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES or NO If no, how old are you? _____

Have you ever been a member of Junaluska Vol. Fire department YES NO
IF yes; when? _____

Reason for Leaving:

Have you ever been a member of another Fire department YES NO
Where/When _____
Reason for Leaving:

Do you have a disability/ impairment which may prevent you from fully and safely performing the duties of a firefighter? YES NO
If so please explain in detail

Have you ever been convicted of a felony? YES NO
If So Please Explain in detail

**All Applicants must complete a background check with the Haywood County Justice Department*

Please check any of the following apply: (Please Provide Copies of all Certifications)

- YES NO Current CPR Certification Exp. _____
- YES NO Current NC Medical Certification
- Medical Responder EMT-Basic EMT-Intermediate Paramedic Exp. _____
- YES NO NC Fire Fighter I Certification
- YES NO NC Fire Fighter II Certification
- YES NO High School Diploma / GED

Name of High School _____ Date of Graduation _____

EDUCATIONAL BACKGROUND

<u>Name of School</u>	<u>Location City/State</u>	<u># years completed</u>	<u>Degree/ Certification</u>	<u>Did you graduate? DATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT INFORMATION

Are you Currently Employed? YES NO
Employer's Name _____ Occupation _____
Address: _____
Street Address City State Zip Code
Phone _____ Supervisors Name _____ May we contact your employer YES NO

SPECIAL SKILLS / LICENSES/ CERTIFICATIONS

Please list any additional Skills and/or all Certifications, Documents, licenses, and professional designations that you have to indicate your particular area of expertise or training relative to volunteer services.

EMERGENCY CONTACTS

- Name _____ Phone Number _____
Relationship _____ Address _____
- Name _____ Phone Number _____
Relationship _____ Address _____
- Name _____ Phone Number _____
Relationship _____ Address _____

*If you are under the age of 18 please list your parents or Legal guardian's information

REFERENCES

- | | | |
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| Name | Address /City/State | Phone number |
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| Name | Address /City/State | Phone number |
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APPLICANT'S CERTIFICATION AND RELEASE

I certify that all statements made in this application are true, and agree and understand misstatements or omissions of material facts herein may forfeit my rights to any employment including volunteer service, with Junaluska Fire Department.

Applicant Signature _____ Application Completion Date _____