

IDLEWILD VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR: **VOLUNTEER MEMBERSHIP** **PART-TIME EMPLOYMENT**

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SOC.SEC.NO: _____ WORK PHONE: _____

STREET ADDR: _____ PAGER/CELL: _____

CITY: _____, NC ZIP _____ HOME PHONE: _____

N. C. DRIVER'S LICENSE #: _____ DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? _____

OCCUPATION: _____ EMPLOYER: _____

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|---|-----------------------------------|------------------------|------------------|------------------------|----------------|-----------------------------------|----------------------|-----------------------|---------------------------|------------------|---|--|--|
| Has your drivers license ever been revoked or suspended for any reason? <small>If yes, explain in REMARKS section below.</small> | | | | | | | | | | | | | |
| Have you ever been convicted (or received a prayer for judgment continued) for driving while impaired or for reckless driving? <small>(If yes, please list in REMARKS section below.)</small> | | | | | | | | | | | | | |
| Have you been convicted of any other moving violations? <small>(If yes, please list in REMARKS section below.)</small> | | | | | | | | | | | | | |
| Have you ever been arrested or convicted of a felony or criminal misdemeanor? <small>(If yes, explain in REMARKS section below.)</small> | | | | | | | | | | | | | |
| DO YOU HAVE ANY OF THE PHYSICAL CONDITIONS LISTED BELOW? _____ NO _____ YES (Check all that apply) | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____ Diabetes</td> <td style="width: 33%;">_____ Hemophilia</td> <td style="width: 33%;">_____ Impaired Hearing</td> </tr> <tr> <td>_____ Epilepsy</td> <td>_____ Uncorrected Impaired Vision</td> <td>_____ Drug Addiction</td> </tr> <tr> <td>_____ Cardiac Ailment</td> <td>_____ Respiratory Ailment</td> <td>_____ Alcoholism</td> </tr> <tr> <td colspan="3">_____ Any other physical condition which may put you or others at increased risk of injury or illness while engaged in emergency or non-emergency fire department activities:</td> </tr> </table> | | _____ Diabetes | _____ Hemophilia | _____ Impaired Hearing | _____ Epilepsy | _____ Uncorrected Impaired Vision | _____ Drug Addiction | _____ Cardiac Ailment | _____ Respiratory Ailment | _____ Alcoholism | _____ Any other physical condition which may put you or others at increased risk of injury or illness while engaged in emergency or non-emergency fire department activities: | | |
| _____ Diabetes | _____ Hemophilia | _____ Impaired Hearing | | | | | | | | | | | |
| _____ Epilepsy | _____ Uncorrected Impaired Vision | _____ Drug Addiction | | | | | | | | | | | |
| _____ Cardiac Ailment | _____ Respiratory Ailment | _____ Alcoholism | | | | | | | | | | | |
| _____ Any other physical condition which may put you or others at increased risk of injury or illness while engaged in emergency or non-emergency fire department activities: | | | | | | | | | | | | | |

LIST SCHOOLS ATTENDED BEYOND HIGH SCHOOL:

| NAME OF SCHOOL | FROM DATE | TO DATE | DEGREE OR CERTIFICATE |
|----------------|-----------|---------|-----------------------|
| | | | |
| | | | |
| | | | |

Have you ever been certified as an Emergency Medical Technician? _____ Is your certification current? _____

LIST ALL OTHER FIRE OR EMS ORGANIZATIONS WITH WHICH YOU HAVE BEEN AFFILIATED:

| NAME OF ORGANIZATION | LOCATION | FROM DATE | TO DATE | REASON FOR LEAVING |
|----------------------|----------|-----------|---------|--------------------|
| | | | | |
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ADDITIONAL REMARKS:

I certify that the information given above is true and accurate to the best of my knowledge and I understand that providing false or incomplete information is grounds for dismissal. I understand that a background check will be required, that my driving record may be checked at any time and that I may be asked to submit to a drug or alcohol test at any time.

SIGNATURE OF APPLICANT: _____ DATE: _____