

**Van Buren County  
Fire Departments**

Application for Membership

Attach DL Here

**Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Members must have a valid Tennessee Drivers License to operate a department owned vehicle.

**Emergency Notification**

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Job Information**

Occupation: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

**Educational Experience**

Do you have either a high school diploma or G.E.D.? (Circle one) YES NO

University or College Degrees? (Circle highest attained) Associates Bachelors Masters Doctorate

University or College attended: \_\_\_\_\_

Years of University or College attended if no degree obtained; \_\_\_\_\_

**Emergency Services Experiences**

Are you a certified firefighter in Tennessee? \_\_\_\_\_ Another State? \_\_\_\_\_, Where: \_\_\_\_\_

Level of Certification: \_\_\_\_\_

Do you hold licenses or certifications in any of the following? CPR: \_\_\_\_\_ 1<sup>st</sup> Responder: \_\_\_\_\_

EMT-IV: \_\_\_\_\_ Paramedic: \_\_\_\_\_ Extrication: \_\_\_\_\_ EVOC: \_\_\_\_\_ Other: \_\_\_\_\_

**Past Emergency Services Agency Affiliation**

Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ When: \_\_\_\_\_

Check: Fire Emergency Medical Rescue Law Enforcement Haz-Mat

Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ When: \_\_\_\_\_

Check: Fire Emergency Medical Rescue Law Enforcement Haz-Mat

Availability

Personnel work schedules are an important consideration when determining appropriate staffing levels to respond to calls for service. There are hours of the day, and days of the week, that naturally have lower staffing levels because of volunteer staffing. Please provide the following information so that we can plan appropriately.

Are you available to respond during daytime hours? (Circle one) YES NO

Do you rotate shifts? (Circle one) YES NO

Can you respond from work? (Circle one) YES NO

**NOTE: The Van Buren County Fire Departments do not advocate endangering a member's position at work to respond to fire department calls for service.**

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Interest / Skills

There are many operations and personal skills that make an organization successful. Once you are accepted into one of the Van Buren County Fire Departments and have received recruit training, there are areas in which some of your skills and talents may be used. Listed below are some of those activities. Check any that you may be interested in.

Apparatus Maintenance \_\_\_\_\_ Equipment Maintenance \_\_\_\_\_ Public Education \_\_\_\_\_  
Fire Investigation \_\_\_\_\_ Training \_\_\_\_\_ Pre-planning \_\_\_\_\_ Computer \_\_\_\_\_  
Station Work \_\_\_\_\_ Record Keeping \_\_\_\_\_ Administration \_\_\_\_\_ Other \_\_\_\_\_

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Reference Information

Please provide the names of individuals, other than relatives, who have known you at least one (1) year whom the Department can contact as part of its background investigation.

Social Acquaintances

Name	Address	Telephone	Years known
1.			
2.			
3.			

Business Acquaintances

1.			
2.			
3.			

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The Van Buren County Fire Departments are an Equal Opportunity Employer, and does not discriminate due to race, sex, color, national origin, age, disability or religion to its hiring, promotional, or duty assignment practices. By signing this application, you are being offered membership in the Department and you understand that the Membership Committee will conduct a background check, including a criminal background check, before being accepted. Acceptance, or Denial of membership, into the Van Buren County Fire Departments is by membership vote. **ALSO BY SIGNING THIS APPLICATION, YOU ARE AFFIRMING THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Do not write below this line ---- For Departmental Use Only*

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Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Probationary Membership Vote: Accepted Denied Vote Date: \_\_\_\_\_ Chief's Initials: \_\_\_\_\_  
Full Membership Vote: Accepted Denied Vote Date: \_\_\_\_\_ Chief's Initials: \_\_\_\_\_  
Unit Number Assigned: \_\_\_\_\_