

Application for Membership
 NORTH VERNON CENTER TOWNSHIP FIRE DEPARTMENT
 Jennings County, IN

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Agency

We are an equal opportunity association, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

The North Vernon fire Department has a cap on its membership, should there be no openings at this time your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Last Name:	First Name:	Middle Initial:	Nickname:	Date Turned In:			
Street Address:			Home Phone: () -	Received by:			
City:	State:	Zip:	Work Phone: () -	Social Security Number:			
E-Mail Address:			Date of Birth: ____/____/____ Month / Day / Year				
How were you referred to the NVFD (Mark one space only)	A By Member	If so by Who?	B Other Agency	C Advertisement	E Open House	F Walk-in	G Other

Application for Membership
 NORTH VERNON CENTER TOWNSHIP FIRE DEPARTMENT
 Jennings County, IN

Employment Record

Starting with present or most recent, list all previous employers; include self-employment, summer, and part-time jobs.

Present Employer	Type of Business	Type or classification of job
Street Address	Phone Number	Brief description of job duties
City	State	ZIP code
Supervisor's Name	Phone Number	
Dates Worked From	to	
Last or Present Employer	Type of Business	Type or classification of job
Street Address	Phone Number	Brief description of job duties
City	State	ZIP code
Supervisor's Name	Phone Number	
Dates Worked From	to	
Reason for leaving:		

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held:
Past and present and civic or cultural activities – include offices held:
Principal hobbies:

Application for Membership
 NORTH VERNON CENTER TOWNSHIP FIRE DEPARTMENT
 Jennings County, IN

Special Skills

Indiana Firefighters Certification Number:	Certification level and types:
Indiana EMS Certification Number:	Certification level:
Drivers License Number:	State:
Expiration:	Type:

Military Record

Branch of service:	From	To
Present military affiliation:	None	Reserve (active)
Kind of training and duty while in service:	Reserve (inactive)	

Personal References

List three persons who are not listed previously as employers, one may be a relative.

Name	Relationship	Address (street, city, state, ZIP code)	Phone number (include area code)	Occupation

Have you ever been convicted of a felony or misdemeanor? Yes – If yes please attach details of incident including the State of conviction
 (Check one) No

Please describe the hours that you would be available (in general) to respond to emergency runs:

Application for Membership
NORTH VERNON CENTER TOWNSHIP FIRE DEPARTMENT
Jennings County, IN

Please briefly state your reasons for becoming a member with the North Vernon/Center Twp. Fire Department:

Please list any previous fire, EMS, or public safety related experiences (please include reference information: Contact name, phone number):

Please check any activities, specialty areas that you feel you would be interested or qualified for:

- Fire Fighting Fire Prevention Training Hydrant Testing
 EMS Fire Investigation Pre-Incident Planning Inspections
 Hazardous Materials

Are you willing to submit to a physical examination by a physician: Yes No

ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for termination. I have read and understand the requirements of membership attached to this form and understand them.

Signature _____ Date ____/____/_____

If any of your educational or employment records are under a name other than the above name, please provide other names. _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

In order to perform a background investigation on all applicants the applicant must sign the following statement:

I, _____ an applicant for the North Vernon/Center Twp. Fire Department hereby authorize the release of any information that the department may request concerning my medical, criminal, employment, military, or scholastic records. Any organization or individual presented with this authorization is asked to cooperate fully with the department's investigation. I also understand that I may revoke this consent at any time except to the extent that any action has taken in reliance on it. All information obtained during this background investigation will be held in the strictest confidence.

Signature: _____

Date: _____

Witness: _____

Date: _____

REQUIREMENTS FOR MEMBERSHIP NORTH VERNON FIRE DEPARTMENT

REQUIREMENTS FOR MEMBERSHIP:

1. Applicant must reside in the city of North Vernon or Center Township or Sandcreek Township.
2. Applicant must be between the ages of 18 and 35 years of age.
3. Applicant must be at the monthly department business meeting when the application is read and voted upon.

REQUIREMENTS FOR MEMBERS:

1. Each member must complete state mandated mandatory training prior to participating at any emergency scene or function.
2. Each member must complete Firefighter 1 / 2 when it becomes available
3. Each member is encouraged to continue his or her fire service education; however advanced classes are not required at this time.
4. Members are responsible for maintaining required certifications, and complying with all training requirements of the State and the department.
5. Members are expected to attend all monthly training sessions unless excused by the Fire Chief.
6. Members are expected to be present at all monthly business meetings of the Department, members must be present at six meetings in a calendar year to prevent expulsion from the department (excused absences may be granted by the President).
7. Members are expected to meet minimum requirements for continued membership; this includes making a predetermined percentage of emergency responses and maintaining minimum training levels as determined by the state and the department.
8. Members are expected to be kind, courteous, honest, and positive representatives of the department at all times.
9. We request a minimum one (1) year commitment to the department.

The Induction Process:

Upon the return of your complete application to any department personnel present at the station, the application will be routed to the recruiting committee. The recruiting committee will then read the application at the next meeting of the department. The applicant may be required to come before the department to answer any questions the department may have. The department will vote to accept or reject your probationary membership, contingent upon you fulfilling training requirements in the manner prescribed. Monthly business meetings are held the first Tuesday of each month at 1930 hours (7:30pm) at North Vernon Fire Department Station 2 (North Madison Ave). If you have any questions please call (812) 346-3300. Thank you for your interest in our department as well as your desire to help others.

Sincerely,

The North Vernon Fire Department