Brooklyn Fire Department Volunteer Application

| Contact Information | | | | |
|---|--------------------|------|-------------|--|
| Name: | | | | |
| Street Address: | | | | |
| City, ST, ZIP Code: | | | | |
| Telephone number: | | | | |
| E-a ail Address: | | | | |
| Date of Birth: | | | | |
| Social Security Number: | | | | |
| Driver License Number: | | | Expiration: | |
| Availability | | | | |
| During which hours are you available for volunteer assignments? | | | | |
| Weekday mornings | Weekend mornings | | | |
| Weekday afternoons | Weekend afternoons | | | |
| Weekday evenings | Weekend evenings | | | |
| Employment | | | | |
| Are you currently employed? | YE | s no | | |
| May we contact your workplace for a reference? YES NO | | | | |
| Name of Employer: | | | | |
| Street Address: | | | | |
| City, ST, ZIP Code: | | | | |
| Telephone Phone: | | | | |
| E-Mail Address: | | | | |
| Do you have any medical history that would interfere with Firefighting? | | YES | NO | |
| Have you ever been arrested/convicted of a felony? | | YES | NO | |
| If yes, what was the offence and date convicted? | | | | |

The public places significant trust in those they invite into their home to help in a time of need. The Brooklyn Fire/EMS Protection District takes this expectation seriously and is required by statute to assure that personnel do not have a criminal or driving history that will interfere in performing ones duties.

| Education | | | | |
|--|----|-----------------------------|--|--|
| High School: | | Year Graduated: | | |
| College Degree(s): | | Year(s) attended: | | |
| CPR YES | NO | Expires: | | |
| | | Year of initial course: | | |
| Fire Training? YES | NO | Type of fire certification: | | |
| EVOC? YES | NO | Year of initial course: | | |
| Other: | | | | |
| References | | | | |
| Full Name: | | | | |
| Contact Information: | | | | |
| Full Name: | | | | |
| Contact Information: | | | | |
| Type of fire certification: EVOC? YES NO Year of initial course: Other: References Full Name: Contact Information: Full Name: | | | | |

Agreement and Signature

By submitting this application, I affirm to the Brooklyn Fire District that the facts set forth in it are true and complete. In applying for the position of **Firefighter** consent to and authorize release and disclosure of information relative to identity, driving records, criminal records, and/or work records that are pertinent to my acceptance as a member of the Brooklyn Fire District and my ability to serve as a licensed Firefighter.

| Name (printed): | |
|------------------|--|
| Signature: | |
| Date (MM/DD/YY): | |

Our Policy

Membership in the Brooklyn Fire District is based on the acceptance and approval of a prospective member by the Executive Board of Service. The Board reserves the right to accept or reject any application for membership. If approved by the Executive Board, then the membership will vote on final approval or rejection. Any false statements, omissions, or other misrepresentations made on this application may result in the immediate dismissal of the prospective member.

Thank you for completing this application form and for your interest in volunteering with Brooklyn Fire District.

For Executive Board use only: ACCEPTED YES NO

DENIED YES NO

Reason for denial:

Return application to: Fire Chief

401 W. Main Street P.O. Box 250

Brooklyn, WI 53521