



# Brooklyn Fire & EMS Protection District

## Membership Application



### CONTACT INFORMATION

NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	
DRIVERS LICENSE NUMBER	
EXPIRATION DATE	

### AVAILABILITY

During which hours are you available for volunteer assignments?

	Weekday Mornings		Weekend Mornings
	Weekday Afternoons		Weekend Afternoons
	Weekday Evenings		Weekend Evenings

Do you plan on living in the district for 5 or more years?    Y / N

### BACKGROUND

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

Do you have any medical history that would interfere with being a firefighter or EMT?    Y / N

Have you ever been arrested or convicted of a felony?    Y / N

If yes, what was the offence and date of conviction? \_\_\_\_\_

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**EMPLOYMENT**

(List most recent or current first)

Are you currently employed?	YES / NO	May we contact your workplace for a reference?	YES / NO
NAME OF EMPLOYER			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE NUMBER			
E-MAIL ADDRESS			
NAME OF PAST EMPLOYER			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE NUMBER			
E-MAIL ADDRESS			

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
HOME/CELL PHONE NUMBER	
WORK PHONE NUMBER	
E-MAIL ADDRESS	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
HOME/CELL PHONE NUMBER	
WORK PHONE NUMBER	
E-MAIL ADDRESS	

**EDUCATION**

HIGH SCHOOL ATTENDED		
GRADUATION YEAR		
COLLEGE YEAR(S) ATTENDED		
DEGREE		
Are you CPR certified?	YES / NO	EXPIRES:
EMT-BASIC	YES / NO	EXPIRES:
EMT-ADVANCED	YES / NO	EXPIRES:
EVOC	YES / NO	YEAR OF INITIAL COURSE:
FIRE TRAINING	YES / NO	YEAR OF INITIAL COURSE: TYPE OF FIRE CERTIFICATION:
OTHER:		

**REFERENCES**

NAME	
HOME/CELL PHONE NUMBER	
E-MAIL ADDRESS	
NAME	
HOME/CELL PHONE NUMBER	
E-MAIL ADDRESS	
NAME	
HOME/CELL PHONE NUMBER	
E-MAIL ADDRESS	

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm to the Brooklyn Fire & EMS that the facts set forth in it are true and complete. In applying for the position of Firefighter, EMT OR EMR I 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 EMS and my ability to serve as a licensed Emergency Medical Technician.

NAME (PRINTED)	
SIGNATURE	
DATE (MM/DD/YYYY)	

**OUR POLICY**

Membership in the Brooklyn Fire & EMS 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 the 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 and EMS Protection District.

**For Executive Board Use Only**

ACCEPTED	YES / NO		DENIED	YES / NO
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REASON FOR DENIAL:

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**RETURN APPLICATION TO**

Chief of Brooklyn Fire & EMS

401 W. Main Street

P.O. Box 250

Brooklyn, WI 53521

OR

E-MAIL

brooklynems.r42@gmail.com