Fall River Valley Fire Protection District

Application

APPLICATION FOR VOLUNTEER FIREFIGHTER

Application Date:
PERSONAL INFORMATION
Name: DOB/
Address:
Telephone: Home: () Work: ()
Email
1. How long have you resided at the above address?
2. Is there additional information about a change in your name or use of an assumed name or nickname necessary to check your eligibility for the position you are interested in? No Yes:
3. Do you have a valid Driver's License (DL)? Yes \(\square \) No \(\square \)
If yes, DL #Expiration Date
Endorsements/Restrictions?
4. Will your employer allow you to respond during work hours to fire calls? Yes \(\subseteq \text{No.} \subseteq
EMPLOYMENT & EXPERIENCE EMPLOYER 1:
Company / Individual Phone: ()
Address:
Job Title:
Responsibilities:
Dates: to

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EMPLOYER 2:	
Phone: ()	
Address:	
Job Title:	
Responsibilities:	
Dates: to	
	Relationship:
Telephone Number: Home ()	Work ()
Are you willing to attend Two trainings per m when notified? YES NO	onth and respond to fire and rescue emergencies
Are you aware that a beard may preclude you apparatus? YES NO	from wearing a Self-contained breathing
I acknowledge that if approved, I will have to application approval: Initial	pass a background check within 4 months of
I acknowledge that if approved, I will have to application approval: Initial	pass a medical screening within 4 months of
that this application is only for purposes of devolunteer firefighter and in no way creates or	of my application or later dismissal. I understand termining whether I meet the qualifications to be a implies a promise or contract of employment. I ny service to the Fall River Valley Fire Protection
Applicant Signature	Date: