

Application for Volunteer Membership at Spout Springs Emergency Services

Spout Springs Emergency Services is an Equal Opportunity Organization committed to excellence through diversity. Volunteer membership offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work/volunteer in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently a volunteer at an Emergency Services Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever volunteered at Spout Springs Emergency Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of membership & reason for leaving:	
Are you related to any current organization employee or volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this organization? Check all that apply: <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral by member <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Dates Employed/Member From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed/Member From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed/Member From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Are you

- * capable of spending extensive time outside, exposed to the elements YES/NO
- * capable of operating with limited maneuvering and limited to void sight conditions YES/NO
- * able to demonstrate effective communication skills on an emergency scene YES/NO

While wearing full turnout gear and SCBA are you capable of

- * dragging charged/uncharged hose lines of approximately 150' and 150 lbs. YES/NO
- * carrying equipment weighing up 100 lbs. YES/NO
- * climbing ladders while carrying equipment or advancing hose lines YES/NO
- * performing rescue operations, such as lifting, carrying, and dragging people YES/NO
- * reading and comprehending documents, placards, and labels with accuracy YES/NO
- * communicating effectively with others YES/NO

Are you willing to accept the risk of reasonably anticipated exposure due to but not limited to

- * rescuing victims from burning structures or vehicles YES/NO
- * extrication of persons from vehicles, machinery, or collapsed structures YES/NO
- * recovery or removal of bodies from hostile environments YES/NO
- * response to hazardous materials incidents YES/NO

Are you willing to accept the risk of reasonably anticipated injury due to but not limited to

- * any and all activity on the fire ground, at the station, or during training YES/NO
- * the non-use of available safety wear YES/NO
- * evaluations performed during fitness or physical training or testing YES/NO

If your answer to any of the above listings is "no" please explain

The information submitted on this application is true and complete. I understand that any false information may cause this application to be rejected at any time. I understand that my status may be terminated by the Chief or Board of Directors. If terminated or suspended, I agree to return all equipment issued to me by this organization within 2 weeks. I agree to abide by all the organization's rules, regulations, SOGs, and directives by its officers. I understand that I will be required to be examined by a physician of the organization's choice, to include drug testing, and agree to the physician's determination as to my fitness for emergency services activities, which is final. Due to the nature of this profession and the expense of operation, I understand that a complete criminal background check, driver's license history report and reference checks will be conducted.

Date _____ Signature _____

Date _____ Signature of Chief _____

Office Use Only

Employment references _____
Date Date Date

Personal references _____
Date Date Date

Driver's license check _____ Criminal background check _____
Date Date

Approved/Denied _____
Date Personnel Committee Member

Approved/Denied _____
Date Chief Officer

Remarks _____

