

HANOVER FIRE DEPARTMENT VOLUNTEER APPLICATION

Rec'd Date: _____
Rec'd by: _____
Notified on: _____
By: _____

All applicants are considered for appointment regardless of race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap

Section I – Personal Information			
Full Name			Date
Address			
Phone:	Cell:	Email:	
Are you over 18? () Yes () No	SSN (Optional) - -	Sex () M () F	
Section II – Driving Record & Information			
Drivers License Number	State	Exp. Date	Class
Has your License ever been suspended? () Yes () No			
If yes, reason _____ When _____ How long _____			
List ALL moving violations received during the PAST 2 Years			
Date	Offense	Results	
Section III- General Information			
Are You a Veteran of the U. S Armed Forces? () Yes No ()			
Branch _____ Type of Discharge _____ Date _____			
Are you pending, or have you ever had criminal actions brought against you? () Yes () No			
If yes Date _____ Charge _____ Where _____ Disposition _____			
(If Yes, Please explain in detail)			

In what capacity are you willing to volunteer for the Fire Department?

Medical
 Wild Land Fires
 Administration
 All Call Response
 Other _____

What is your availability for response to emergencies? (Check all that apply)

Monday - Friday
 8am - 5 pm
 6pm - 7 am
 Other _____

Saturday - Sunday
 8am - 5 pm
 6pm - 7 am
 Other _____

Section IV - Education

High School Graduate? () Yes () No GED? () Y () N School _____

College () Yes () N Years _____ Major _____

Vocational / Technical School () Yes () No Course _____

School _____

Section V Related Experience

Do you currently have any certificates, awards, letters of experience in the Fire Service or Medical Field?

() Yes () No (If yes, please list) <Field, Date, Presented by, and Place>

List any organizations in which you have held membership. (optional)

Section VI - References

List two references NOT related to you, on the third line, list a relative not living with you.

Name	Address	Phone

Emergency Contact

Name	Phone
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Section VII - Personal

Please write a short paragraph on why you would like to be appointed as a Volunteer, and your goals with this organization

What is your current occupation? _____

Current place of employment (if applicable) _____

I swear the answers given here are true and complete to the best of my knowledge. I authorize investigation of any and all statements contained in this application as may be necessary in attaining a decision as to my appointment as a Volunteer on this Department.

I understand that false or misleading information given in my application may result in my not being considered for appointment. I am required to abide by the Policies and Procedures of this Department.

Applicant's Signature _____ Date _____

As part of the application process you are required to pass the CBI background check. Fill out the attached form and send in to the address on the form. The fee is reimbursable to you upon an "ALL CLEAR" result.

Thank you for your interest in being part of the Hanover Fire Department Team.

