

Previous Fire/Emergency Services Experience:

Department: _____ Rank/Position: _____
Address: _____
Telephone: _____ Chief's Name _____
Service Dates: _____

Current Certifications (Fire Service, EMS, CPR, other)

Type: _____ Cert No. _____ Expires: _____
Type: _____ Cert No. _____ Expires: _____
Type: _____ Cert No. _____ Expires: _____

Education: (Check all that apply)

____ High School at _____ Grade: _____
____ High School Diploma or GED from _____ Year: _____
____ College: _____ Years: _____

Give name, address, and telephone number of three references who are not related to you.

1. _____
2. _____
3. _____

Please Attach a Photo Copy of Your Driver's License
(Application Will Not Be Processed Without This Item)

Has your operator's license ever been suspended or revoked? YES NO
If yes, please explain:

Have you ever been convicted of a felony? YES NO

List criminal convictions for the past 5 years.

Date Description

List all traffic citations or convictions for the past 5 years. Do not include parking violations.

Date Location Description

List all automobile accidents for the past 3 years.

Date Location Nature of Accident

Vehicle License No. _____ State: _____ Expires: _____
(Primary vehicle)

Do you have insurance for your private vehicle? YES NO

Please Attach a Photo Copy of Your Proof of Insurance Card
(Application Will Not Be Processed Without This Item)

I understand that membership is probationary for a period of one year during which I must demonstrate my fitness for continued membership with the McCutchanville Fire Department. As a probationary member, I understand that my membership can be terminated at any time during the probationary period. I further understand that I will be required to pass a medical evaluation and the physical agility course annually as a condition of continuing membership.

I understand that willfully withholding information or making false statements on this application will be grounds for dismissal.

I also agree to abide by all Standard Operating Procedures and Rules and Regulations set forth by the McCutchanville Fire Department.

Training you are required to complete: (At department expense)

- State of Indiana Mandatory Training (required prior to emergency response)
- First Responder or EMT certified within the first year
- Firefighter I within two years

Requirements that must be met before voted on as a member:

- Physical Examination
- Police background check
- Insurance check
- Physical agility test

Applicant's Signature _____ Date _____

APPLICANT- DO NOT WRITE ON THIS PAGE

APPLICANT _____ SOCIAL SECURITY NO. _____

- | | DATE |
|--|-------|
| 1. APPLICATION RECEIVED: | _____ |
| 2. ADDRESSED CONFIRMED: YES NO | _____ |
| 3. CRIMINAL RECORD INVESTIGATION COMPLETE: | _____ |
| 4. DRIVING RECORD INVESTIGATION COMPLETE: | _____ |
| 5. ORAL INTERVIEW: | _____ |
| 6. PHYSICAL AGILITY PASS FAIL | _____ |
| 7. COMMENTS: | |

MEMBERSHIP COMMITTEE RECOMMENDATION

() Approve Application () Disapprove Application () Conditional Approval

Signature: _____ Date _____
(Membership Committee Chairperson)



McCUTCHANVILLE FIRE DEPARTMENT

Station 5
9219 Petersburg Road
Evansville, IN 47725
867-2847

Station 10
7707 N. St. Joseph Ave.
Evansville, IN 47710
963-6802

APPLICATION FOR VOLUNTEER MEMBERSHIP