



Application for Volunteer Membership

Fort Mitchell Fire Department

PERSONAL INFORMATION

Date _____

Name _____ Maiden Name _____
Last First Middle

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Address _____ Contact Numbers (____) _____
Home

City _____ (____) _____
Cell

Zip Code _____ Email: _____

Position Desired: Firefighter EMS Both

Education History

	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

Please attach a copy of your high school diploma to this application.

General Information

Subjects of special study, research, work or special training skills	
Hobbies: _____	
U. S. Military Service	Rank

Former Employers

(List below last four employers starting with the most current first.)

Date (mm/yy – mm/yy)	Name & Address of Employer	Position	Reason for Leaving

May we inquire with your present employer? Yes No

Driver History

Drivers License Number _____ Type _____

For the past five years please list any moving traffic violations _____

Have you ever lost your driving privileges? Y N If so, why? _____

Please attach a copy of you drivers license to this application.

REFERENCES

Give the names of four persons not related to you have known you for at least one year.

Name	Address	Business	Contact Number	Years Known

Have you ever been convicted of a felony? _____ IF yes, explain _____

Availability

Are you able to regularly attend fire service training on Tuesday evenings, Wednesday mornings or Thursday mornings? _____

Are you able to attend EMS training on the 2nd and 4th Monday evening of the month if applicable? _____

Are you able to attend regular business meetings on the 1st Tuesday evening of each month?

Emergency Contact Information

Do you have any physical, medical, or mental limitations that could prevent you from safely performing any Fire or EMS task assigned to you? _____

Please include a written note signed and dated by your medical doctor indicating your medical status.

In Case of emergency notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone/Other: (_____) _____

Authorization

I understand that by applying for volunteer membership with the Fort Mitchell Fire Department, a full and complete background check will be conducted as prescribed by the laws of the Commonwealth of Kentucky. By my signature below, I acknowledge that the information requested on this application has been truthful and given to the best of my ability. I further understand that if any portion of the information I have given is in fact proven to have been submitted untruthfully, that my application for membership will be discarded.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____