

Dandridge Volunteer Fire Department

P. O. Box 249
Dandridge, TN 37725



Name: _____
Last
First
MI
Suffix

Are you at least 18 years old? Yes No

DL# _____ State: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Work: _____ Home: _____

Cell: _____ Pager: _____

EDUCATION	High School	Vocational School	College/ University	Advanced Education
School Name				
City/State				
Yr. Graduated				
Degree/Area				

Military Experience	Branch	Highest Rank	Dates	Assignment
<input type="checkbox"/> None				

Fire/Rescue Experience	Fire Department	City/State	Highest Rank	Assignment
<input type="checkbox"/> None				

EMS Training <input type="checkbox"/> None	<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT	<input type="checkbox"/> EMT-IV	<input type="checkbox"/> Paramedic
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List all other training, hobbies, etc. that you may be willing to use in the fire service:

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Check the usual times when you would be available to respond to emergencies:

Available Time	Sun	Mon	Tue	Wed	Thur	Fri	Sat
6:00 am to noon							
noon to 6:00 pm							
6:00 pm to midnight							
midnight to 6:00 am							

Do you have any medical conditions that would prevent you from doing the physically demanding work of fire fighting? Yes No

Have you had a complete physical exam within the last two years? Yes No

List any allergies: _____

Date of Last Tetnus Shot: _____

After showing you the job description of a volunteer firefighter, do you know of any reason why you could not perform this work? Yes No

Do you have a vehicle that you can drive to training sessions and emergencies?
 Yes No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities?
 Yes No

Has your drivers license been suspended or revoked within the past five years?
 Yes No

Do you have health insurance coverage? Yes No

Do you have any felony convictions or DUI violations? Yes No

Do we have your permission to run a background check? Yes No









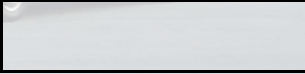
Are you willing to submit to a drug test? Yes No

In Case of Emergency, Notify _____ Relationship: _____ Phone: _____

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REFERENCES

Name	Address	Telephone No.
		
		
		

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I live or work within 5 miles of the fire district of the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability.

Signed: _____ Date _____

Fire Department Use Only: Reviewed ___ DL Copied ___ EMS card ___ SOG ___ Modules ___ Listed ___ Hep B ___ Filed