



## **SIDNEY VOLUNTEER FIRE DEPARTMENT**

### **APPLICATION FOR MEMBERSHIP**

**P.O. BOX 79**

**Sidney, NE 69162**

**Dear Applicant,**

Thank you for your interest in joining the Sidney Volunteer Fire Department. This Application is for a volunteer organization and the information should be given on a voluntary basis. Please complete this application packet to the best of your knowledge and sign all forms. Please provide copies of any additional trainings or certifications fire or EMS related. (ex. Firefighter 1, EMT, CPR).

Any person desiring to become a member of this Department shall make a written application for admission. You can return your application at any time however your application will only be presented to the membership for voting at either the January or July Regular Meetings. Application deadline will be as follows: Return by November 30<sup>th</sup> to be presented at January meeting, and May 31<sup>st</sup> to be presented at the July Meeting. This is done so all applicants can attend the Firefighter Basics class presented by the SVFD after admission.

To be eligible for membership in the Sidney Volunteer Fire Department, an applicant must: Be at least 19 years of age, live within the SVFD Fire District, and be a resident within the SVFD Fire District for at least six months before he/she makes application for membership.

If an applicant has been a member of another fire department within a 40 mile radius of Sidney, and wishes to join the Sidney Volunteer Fire Department, they may make application to this Department along with a written letter of recommendation from their former Chief. This letter of recommendation will eliminate the 6-month residency period only. All other new member requirements must be met.

A member of the Executive Board will contact you to set up an interview time. After being duly elected as a member of this Department the applicant will be placed on a six-month probationary period.

- **Please return completed applications to the City Of Sidney City Offices located at 1115 13<sup>th</sup> Ave.**
- **Please provide a photo copy of your drivers license front and back.**
- **Unsigned applications may be disqualified.**

## **Mission Statement**

The mission of the Sidney Volunteer Fire Department shall be the protection, preservation and well-being of the health, safety, and property of all persons residing, working, traveling or otherwise within the Sidney Fire District.

## **Vision**

We shall accomplish this mission not only through fire suppression and rescue, but also fire prevention and education. We shall maintain a high standard of training and education, act and perform in a safe, courteous, and professional manner, strive to create a strong bond with the community and interact professionally with other emergency services. As members of this department, we have chosen to be part of a team that takes pride in representing this mission through dedication and integrity.

## **Core Values**

We will hold true to the core values of honor, loyalty, pride, and courage while pursuing the ideals of compassion, respect, efficiency and innovation to accomplish our mission.

## Personal Information

Name: \_\_\_\_\_.

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / MM/DD/YYYY

Present Address: \_\_\_\_\_ (How Long) \_\_\_\_\_.

Phone Numbers: Home (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_.

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Length Of Employment \_\_\_\_\_ Does your employer support you in joining the SVFD? \_\_\_\_\_

Do you work daytime hours? (Please list times) \_\_\_\_\_ Evening hours? \_\_\_\_\_ Weekend hours? \_\_\_\_\_

## Questionnaire

1. Are you at least 19 years of age?

Yes  No

2. Are you legally authorized to work in the United States?

Yes  No

3. Do you have a valid Nebraska driver's license?

Yes  No Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

4. Have you lived within the SVFD Fire District for at least 6 months?

Yes  No

5. Have you previously applied to be a volunteer firefighter with the Sidney Volunteer Fire Department?

Yes  No (If yes, when did you apply?) \_\_\_\_\_

6. Do you have any previous firefighting or EMS experience?

Yes  No (If Yes list locations, years of service, and current certifications held)

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7. Have you ever been convicted, served probation or a pretrial diversion for a crime (misdemeanor, felony), other than a minor traffic violation?

Yes  No (If Yes explain?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Will you submit to a police background check?

Yes  No (If NO explain why?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Attendance at the monthly SVFD meetings and training is mandatory. If elected to join the SVFD would you have any trouble complying?

Yes  No

10. The SVFD has strict driving by-laws when responding to calls. Are you willing to abide with these?

Yes  No

11. Are you in a position that will allow you to respond to most calls?

Yes  No

12. Do you have any physical or health limitations that would interfere with your performance in the job for which you are volunteering?

Yes  No (If yes, please describe.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you belong to any other volunteer organizations?

Yes  No (If Yes list and briefly describe them:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List any present or past members of the SVFD you know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Any additional information you would like to share with the Executive Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. List all places of employment for the last five years to present date. (Include dates of employment, address, name of supervisor, duties, and reason for leaving.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. References – Please list three references that are not related to you, including name, address, and phone number.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**TO BE SIGNED BY APPLICANTS EMPLOYER.**

I \_\_\_\_\_, the employer of \_\_\_\_\_, agree to release said individual during work hours to respond to emergency calls with the Sidney Volunteer Fire Department.

List any restrictions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ / **MM/DD/YYYY**

Employer Signature \_\_\_\_\_

Employer Printed Name \_\_\_\_\_

I, \_\_\_\_\_, hereby make application to become a member of the Sidney volunteer fire department and if elected promise to abide by the rules, regulations and by-laws of the department to the best of my ability. I hereby certify that this application is complete to the best of my knowledge and all information given is true and contains no misrepresentation. I am aware all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation, or falsification of statements on this application could result in rejection of volunteer service with Sidney Volunteer Fire Department.

**X** \_\_\_\_\_  
(This form requires the personal signature of the party making application)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **MM/DD/YYYY**

**Office use only**

**Executive Board Members:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved / Denied** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Circle one)

## Release and Authorization to Conduct Background Check

I, \_\_\_\_\_, hereby certify that the information I provided to the Sidney Volunteer Fire Department for the purpose of being considered for a volunteer position is true and complete to the best of my knowledge. In connection with my request to be considered for a volunteer position, I hereby authorize the SVFD and its agents to investigate my background and obtain any and all information from any source and to keep and preserve records of such research. I voluntarily authorize all former employers; law enforcement agencies; state and federal agencies and subdivisions; motor vehicle departments; and city, state, county, and federal courts to release any information they may have about me to the SVFD. Such requested information may include, but is not limited to: information about criminal convictions, driving record, work record, DOT-mandated drug and alcohol testing, social services records, civil court records, threatening or intimidating behavior, and unsafe or unlawful conduct. A photocopy of this Release and Authorization may be treated as if it was an original. The original is maintained with the SVFD and will be available upon request. I hereby release the SVFD from any claims, liability, or damages related to any background check it may conduct in connection with my request to be considered for a volunteer position. I likewise hereby release from liability any party that complies with such a request in reliance on this Release and Authorization.

I have carefully read and understand this Release and Authorization and have voluntarily agreed to its terms. I further understand that all information and documents acquired by the SVFD will be maintained as confidential by the SVFD.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_