

Sheffield Township Volunteer Firefighters Association, Inc.

P.O. Box 564, Dayton, IN 47941

(765)296-3955

Date: _____

Personal Information

Full Name: _____ Last 4 of SSN: _____
Last First Middle

Date of Birth: _____ Age: _____ Sex: _____

Physical Address: _____ City/Zip: _____

Mailing Address: _____ City/Zip: _____

Personal Phone: _____ How long have you been a resident?: _____

Email Address: _____

Driver's License Number: _____ State: _____ Exp: _____

Marital Status: _____ Spouses name: _____

Do you have any past experience as a First Responder: () Yes () No

If yes, please provide details: _____

PSID Number (If applicable) _____

Work History

Place of Employment: _____ Hours of Work: _____

Address: _____ Phone: _____

Length of Employment: _____ Supervisor Name: _____

Medical Information

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Ethnicity: _____

Blood Type: _____ Do you wear Glasses/Contacts? _____

Physician's Name: _____ Phone: _____

Medical Allergies: _____

Current Medications: _____

Other Pertinent Medical Information: _____

Emergency Notification Information:

Please list next of kin and/or emergency contact persons. List two:

#1 Name: _____ Relationship: _____

Personal Phone: _____ Work Phone: _____

Address: _____ City/Zip: _____

#2 Name: _____ Relationship: _____

Personal Phone: _____ Work Phone: _____

Address: _____ City/Zip: _____

Life Insurance Beneficiary: _____

Medical Evaluation:

Applicant will need to schedule a respiratory test at R.O.C.C. located in the Unity Medical Center at 1345 Unity Place. Let them know that this is for Sheffield Twp. Vol. Firefighters Inc. If you have any questions, feel free to ask an officer of the department.

General Information

Is your Driver's License currently Valid? _____ If No, Explain: _____

Has your Driver's License ever been suspended or revoked? _____ If Yes, Explain: _____

Have you received any traffic tickets in the past 2 years? _____ If Yes, Explain: _____

Have you ever been convicted of a crime, felony or misdemeanor (excluding traffic infractions)? _____

If Yes, Explain and include month/year, city and state of the offense: _____

Professional References

Name: _____ Phone: _____

Email: _____ Relationship: _____

Name: _____ Phone: _____

Email: _____ Relationship: _____

Name: _____ Phone: _____

Email: _____ Relationship: _____

Application Requirements and Guidelines:

Membership in the Sheffield Township Volunteer Firefighter's Association, Inc. is limited to residents in said fire district or non-residents operating a business in said fire district. Upon receipt of this application for membership, the Membership Committee will review the application, perform a background check and conduct an interview with the applicant. The Membership Committee, upon completion, will present this application to the Body of the fire department with a recommendation. At that time a vote for acceptance or denial will be taken. If the application is accepted, the applicant will be placed on Probationary Status for the period of six months. During this six month probationary period, the applicant shall complete all mandatory training as set forth by this department and the State of Indiana. At completion of the probationary period and mandatory training, the Body shall vote on the acceptance or denial of Probationary Member for Active membership.

No applicant shall be discriminated against due to Race, Creed, Sex or Religion.

I, (print name) _____, desiring to become a member of the Sheffield Township Volunteer Firefighter's Association, Inc. and a Volunteer Firefighter under the State of Indiana Acts of 1939, Chapter 163, Section 5, as amended, have read and fully understand and make the following statements:

1. I agree to enroll on a volunteer basis in the Sheffield Township Volunteer Firefighter's Association, Inc.
2. I agree to abide by the provisions of the Constitution and By-Laws of said organization.
3. I agree or affirm to uphold the Constitution of the United States of America and Constitution of the State of Indiana.
4. I agree to undergo and complete training requirements set forth by this Department, Township and by the State of Indiana.

I declare that this application is a true and complete statement of fact and that any misrepresentation or omission may result in this application being rejected or dismissal from this Department. I further give my permission and consent to the Sheffield Township Volunteer Firefighter's Association, Inc. to contact references and use my date of birth, social security number, driver's license number and any other information contained in this application to conduct a police background check and application verification. I understand this application and all information received will be held in strict confidentiality.

Signature of Applicant: _____ Date: _____

Do Not Write Below This Line – Department Use Only

Membership Committee Recommendation: () Accept () Reject

If recommending Reject, reason: _____

Date Accepted as Probationary: _____

Date that the Applicant will be eligible for Active membership: _____

Date Accepted as Active Member: _____

Additional Notes:

Confidential
Sheffield Township Volunteer Firefighter's Association, Inc.
Background Check Authorization

Print Name: _____
 (First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
 (Mo/Yr) (Street) (City) (Zip)

Previous Address Since: _____
 (Mo/Yr) (Street) (City) (Zip)

Previous Address Since: _____
 (Mo/Yr) (Street) (City) (Zip)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Sheffield Township Volunteer Firefighter's Association, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and /or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Sheffield Township Volunteer Firefighter's Association, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Sheffield Township Volunteer Firefighter's Association, Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, volunteers, or related personnel both individually and collectively, from any and all liability or damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____