



Osceola Volunteer Fire Department

OSCEOLA, IOWA 50213

OSCEOLA VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Sex:	Height:	Weight:	
Marital Status:	Single	Married	Divorced
Number of Children:			

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

LIST TWO PREVIOUS EMPLOYERS

Name	Address	Phone

RECORD OF EDUCATION

High School:		
Address:		Years:
College:		
Address:		Years:
Degree:		
List of Diplomas or Degrees received:		
List of any Occupation, Fraternal or Social Organizations that you belong to:		



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List any special training or experience that will help you in the position you are applying for:

LIST TWO PERSONAL REFERENCES:

Name	Address	Phone

OTHER

Have you ever been convicted of a felony?	
Are you addicted to alcohol or illicit drugs?	
Do you have any physical disabilities that would hinder firefighting activities?	
Are you afraid of heights?	
Are you afraid of confined spaces?	
Have you had any previous firefighting experience? If so, how long?	
Do you consider yourself to be in good physical condition?	
Are you allergic to any medications?	
Do you possess a valid Iowa Driver's License?	
Are you willing to spend 6-12 hours per month attending training sessions?	
Are you aware that belonging to the Osceola Fire Department requires volunteers to be away from home at all hours of the day and night?	
How do your spouse and family feel about this?	
Why do you want to join the Osceola Volunteer Fire Department?	



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CERTIFICATION

I Certify that my statements in this application are true, complete and correct to the best of my knowledge. I understand that any falsification or omission of information may remove my name for consideration or cause my dismissal from the department. I also agree that all statements may be investigated.

The Department requires that your Spouse, Fiancé or Parent has fully read this application and indicates their agreement with your application and will support you completely if you are accepted to the department.

Note: When this application is returned it must be completely filled out before you can be voted on by the membership of the Osceola Fire Department. You may add any additional information you wish that will benefit or is pertinent to your membership to this department.

Signature of applicant:

Date:

Signature of Spouse/Fiancé/Parent:

Date: