

# ***GUMBRANCH VOLUNTEER FIRE DEPARTMENT***



## ***Standard Application***

***Please Complete and Return***

**GumBranch Volunteer Fire Department**

**5334 Highway 196 West**

**Hinesville, GA 31313**

**(912) 368-8181**

AUTHORITY: 10 USC, Section 3012. PRINCIPLE PURPOSE(S): To assist department personnel in verifying the information provided, and for the purpose of coverage under the department insurance policy. The SSN and drivers license information is needed to identify the individual for background checks and reference information. ROUTINE USE(S): The information is furnished to the department for maintaining information on individuals accepted for membership on the department and coverage under workers compensation insurance. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Furnishing the SSN is voluntary; however, if SSN is not provided, the individual may not be accepted for membership.

# GUMBRANCH VOLUNTEER FIRE DEPARTMENT NEW MEMBER INFORMATION

Please choose the position for which you are applying:

Firefighter     
  First Responder     
  Auxiliary     
  Other \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Are you over 18 years of age?	YES	NO
Are you legally allowed employment in the United States?	YES	NO
Have you ever been convicted of a felony?	YES	NO
Are you a certified Firefighter or First Responder?	YES	NO
Are you willing to abide by the Standard Operating Guidelines of this department?	YES	NO
Are you willing to commit at least 12 hours a month to this department?	YES	NO
If not certified, are you willing to attend a one-week training session to become certified?	YES	NO

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ALTERNATE NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**MEDICAL INFORMATION**

ALLERGIES \_\_\_\_\_ SURGERIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_ ORGAN DONOR \_\_\_\_\_

DOCTOR \_\_\_\_\_ HEP B IMMUNIZATION \_\_\_\_\_ GLASSES \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS DEPARTMENT? \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE DEPARTMENT? IF SO, PLEASE PROVIDE CONTACT INFORMATION FOR THAT DEPARTMENT.    \_\_\_ YES    \_\_\_ NO

\_\_\_\_\_

\_\_\_\_\_



**DEPARTMENT USE ONLY**

Application Completed:	Date:	
Member Vote:	Date:	
Chief's Meeting:	Date:	
File Opened:	Date:	By Whom:
Number Assigned:	Date:	By Whom:
Gear Issue (see below):	Date:	By Whom:
Shirt Purchase:	Date:	
Standards & Training Entry:	Date:	By Whom:
Training Verified:	Date:	By Whom:
References Checked:	Date:	By Whom:
Drivers License Check:	Date:	By Whom:
Background Check:	Date:	By Whom:
Probation Complete:	Date:	

**GEAR SIZES AND/OR SERIAL NUMBERS**

PAGER # \_\_\_\_\_ RADIO # \_\_\_\_\_

PANTS \_\_\_\_\_ COAT \_\_\_\_\_ HELMET \_\_\_\_\_

GLOVES \_\_\_\_\_ NOMEX \_\_\_\_\_ SUSPENDERS \_\_\_\_\_

BOOTS \_\_\_\_\_

BRUSH GEAR: PANTS \_\_\_\_\_ SHIRT \_\_\_\_\_ GLOVES \_\_\_\_\_

HELMET \_\_\_\_\_ GOOGLES \_\_\_\_\_

ID CARD \_\_\_\_\_ PASS CARD \_\_\_\_\_ PASS DEVICE \_\_\_\_\_ SPANNER WRENCH \_\_\_\_\_ HELMET LIGHT \_\_\_\_\_

**QUALIFICATIONS**

FIREFIGHTER LEVEL \_\_\_\_\_ FIRST RESPONDER \_\_\_\_\_

EMT \_\_\_\_\_ PARAMEDIC \_\_\_\_\_ CPR \_\_\_\_\_

OTHER QUALIFICATIONS \_\_\_\_\_

\_\_\_\_\_