

*Application for Membership*

**Bloomington Township Volunteer Fire Department, Inc.  
Monroe County, Indiana**

Last name:		First:		Middle:		Nickname:		Date of application:	
Street address:						Work telephone:		Social Security number:	
City:		State:		ZIP code:		Home telephone:		Pager number:	
E-mail Address:						Cell Phone:		Date of Birth:	
How were you referred to BTVFD (Check only one.)	Volunteer referral svc.	BTFD Website	Other agency	By a member	Advertisement	Open house	Walk-in	Other	

***An Equal Opportunity Agency***

We are an equal opportunity association, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

***Provide all information requested.***

***Employment Record***

Starting with present or most recent, list your two previous employers. Include self-employment and summer and part-time jobs.

Present Employer:				Type or classification of job:			
Street address:			Phone number:	Brief description of job duties:			
City:		State:	ZIP:				
Supervisor's name:							
Dates worked From:		To:					
Previous Employer:				Type or classification of job:			
Street address:			Phone number:	Brief description of job duties:			
City:		State:	Zip:				
Supervisor's name:							
Dates worked From:		To:					
Reason for leaving:							

**Educational History**

School Name:	Location		Major course or subject:	Dates attended		Graduated		Degree
	City:	State:		From:	To:	Yes:	No:	
Graduation high school								
Technical/trade (after high school)								
College (list all attended)								
Other education/training								

**Outside Activities**

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Profession memberships, certificates, or licenses held:
Past and Present civic or cultural activities – including offices held:
Principal hobbies:

**Special Skills**

Indiana Firefighters Certification PSID #:	Level:		
Indiana EMS Certification PSID#:	Level:		
Drivers License #:	D.L. State:	Expiration date:	Type:

**Military Record**

Branch of Service:	From:	To:
Present military affiliation: (Check one)      None      Reserve      Reserve (inactive)      National Guard		
Kinds of training and duty while in the service:		

**Personal References**

List three persons who are not listed previously as employers, one may be a relative.

Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:

Have you ever been convicted of a Felony or Misdemeanor? If yes please submit details of incident including the State of conviction separately.  
 (Check one)      No                              Yes

Please describe the hours that you would be available (in general) to respond to emergency runs:
Please briefly state your reasons for becoming a volunteer with this department:
Please list any previous fire, EMS, or public safety related experiences (please include reference information: contact name, phone number):

Please check any activities, or specialty areas that you feel you would be interested or qualified for (check all that apply)::

Fire fighting	Fire Prevention	Training	Hydrant testing	Specialized Rescue
EMS	Fire Investigations	Pre-Incident Planning	Inspections	Fund Raising
Hazardous Materials	Are you willing to submit to a physical examination by a physician:      Yes      No			

**You must attach a copy of your current driver's license and automobile insurance to this application!**

**ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

**This document to be signed during the informal interview process!**

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for rejection or termination. I have read and understand the requirements of membership on the back of this form and understand them.

Signature\_\_\_\_\_ Date\_\_\_\_\_

If any of your educational or employment records are under other than the above name, please provide other names.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to perform a background investigation on all applicants to the department applicants must sign the following statement:

I, \_\_\_\_\_ an applicant for the Bloomington Township Volunteer Fire Department, Inc., hereby authorize the release of any information that the department may request concerning my medical, criminal, employment, military, or scholastic records. Any organization or individual presented with this authorization is asked to cooperate fully with the department’s investigation. I also understand that I may revoke this consent at any time except to the extent that any action has taken in reliance on it. All information obtained during this background investigation will held in strictest confidence.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Witness\_\_\_\_\_ Date\_\_\_\_\_

## **REQUIREMENTS FOR MEMBERSHIP**

### **Requirements for Membership:**

1. Applicant must reside in Monroe County Indiana.
2. Applicant must be eighteen (18) years of age or older.
3. Applicant must be present at the monthly association business meeting when this application is read and voted upon.
4. Application must be filled out in full, and returned to the Bloomington Township Headquarters Fire Station at 5081 North Old State Road 37.

### **Requirements of Members:**

1. Each member must complete state mandated 24 hour training prior to participating at any emergency scene or function.
2. Each member within one year must complete the State of Indiana Basic Firefighter curriculum and be certified as such.
3. Each member is encouraged to continue their fire service education; however advanced classes are not required at this time.
4. Members are responsible for maintaining required certifications, and complying with all training requirements of the department.
5. Members are expected to attend all monthly training sessions or make up any training they cannot attend.
6. Members are expected to be present at all monthly business meetings of the Association, members must be present at six meetings in a calendar year to prevent expulsion from the department (excused absences may be granted by the President).
7. Members are expected to meet minimum requirements for continued membership; this includes making a predetermined number of emergency responses.
8. Members are expected to be kind, courteous, honest, and positive representatives of the department at all times.
9. We request a minimum one (1) year commitment to the department.

### **The Induction Process:**

Upon the return of your completed application to any department personnel present at the station, the application will be routed to the corporation President. The President will then assign the application to a member of the department executive board to serve as investigator / ambassador for you and your application. The assigned investigator will then complete a background investigation, as well as contact you to make an appointment for an informal interview. The investigator will then return the application to the President of the corporation with a recommendation.

The president will then read this application at the next scheduled meeting of the department, at this time the membership of the department will vote to accept or reject your probationary membership to the department, contingent on your fulfilling training requirements in the time prescribed.

Monthly business meetings are held the first Monday of each month at 1900 hours (7:00pm) at Bloomington Township Fire Department Headquarters (5081 North Old State Road 37 North). If you have any questions, please call (812) 339-1115. Thank you for your interest in our department as well as your desire to help others.

Sincerely,

The Bloomington Township Volunteer Fire Department, Inc.