Chalmers Community Volunteer Fire Department

205 East Walnut Street ~ P.O. Box 68 ~ Chalmers, Indiana 47929

Volunteer Firefighter Application

Please write legibly

Full Legal Name: _____ Date: ____- ____ - _____

Address: _____ Current Age: _____

_____, IN Zip Code: _____

Home Telephone Number: (_____) _____ - _____
Mobile Phone Number: (_____) _____ - _____
Email Address: _____
Date of Birth: ____ - ___ - _____ Driver's License #: _____ Exp. Date: _____

Level of Education: ( ) GED ( ) High School Graduate ( ) College
Check highest level of education completed

Employer: _____

Work Schedule: Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

List current trained skill level and current certifications applicable to this department:
_____
_____
_____

Give three (3) personal references (Name, Address and telephone number):
_____
_____
_____

List previous Fire/EMS departments served on with department officer's name(s) & contact numbers:

_____

_____

_____

We will contact previous department officers to verify service & quality of trained skill level

PSID #: _____

Do you have any current traffic moving violations? ____ Yes ____ No (Check One)

Do you have a criminal record or been convicted of a felony? ____ Yes ____ No (Check One)

Do you have any medical conditions that will impair your ability to perform the duties of a firefighter and/or lift equipment? ____ Yes ____ No (Check One)
If yes, please explain the nature of the impairment and the current treatment:

_____
_____
_____

Please use this space to make any additional comments on why you are interested in becoming a volunteer firefighter with the Chalmers Community Volunteer Fire Department. Also include how you will be able to make a positive impact on this department and in the community that we serve.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I understand, that if accepted, I must……

1) Abide by all state and federal laws
2) Abide by all department rules, regulations and procedures
3) Complete required training

Failure to abide by these guidelines and/or any falsification of information on this application will result in immediate dismissal from this department.

Signature Required: _____

By signing this application, the applicant gives permission to the Chalmers Community Volunteer Fire Department officers to perform traffic and criminal record checks and also hereby acknowledges that all of the information contained on this application is true and accurate to the best of your knowledge.

Please mail this application to:

Chalmers Community Volunteer Fire Department
Attention: Fire Chief
P. O. Box 68
Chalmers, IN 47929