

# Volunteer Application

## Halltown Fire Protection District



Application date: \_\_\_\_\_

### General Information

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

### Information for ID Card

Blood type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Address \_\_\_\_\_

### Other Information

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

References: Name and address of two people who are not HFPD firefighters and not related to you and have known you for at least 5 years

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a felony? yes \_\_\_\_\_ no \_\_\_\_\_

### Education/Certifications

High school Address Graduated y/n Graduation date \_\_\_\_\_

Technical school Address Graduated y/n Graduation date \_\_\_\_\_

List any fire, rescue, or medical related certifications you hold and their expiration dates (attach copies)

Certification(s) with expiration \_\_\_\_\_

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**Miscellaneous**

Would you be able to respond to calls:

During the night \_\_\_\_\_

During work hours \_\_\_\_\_

Overnight \_\_\_\_\_

Do you have any other response commitments that might keep you from responding? \_\_\_\_\_

Explain:

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Do you understand calls may come at various times of the day or night? \_\_\_\_\_

Do you understand that, if possible, you will need to respond when available? \_\_\_\_\_

Do you understand you will be expected to attend training on a regular basis? \_\_\_\_\_

Please address any concerns you may have: \_\_\_\_\_

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## Personnel Medical

1) What is the date of your last physical examination? \_\_\_\_\_

2) Are there any restrictions posted on your vehicle operator's license? Yes/No

Explain \_\_\_\_\_

3) Are you under the care of a physician for any condition which may affect your ability to operate a motor vehicle? Yes/No

Explain \_\_\_\_\_

4) When and for what purpose, did you last consult a doctor?

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5) Full Name and telephone number of your personal physician.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

6) Remarks / comments:

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I declare my answers to the questions on this application to be true and complete to the best of my knowledge. I understand that any false statement or omission of facts may be cause for not being considered for Volunteering for the Halltown Fire Protection District. I hereby authorize investigation of all statements made on this application as well as a full background check. I wave all claims against the Halltown Fire Protection District and all individuals for damages that might occur by reason of such investigation. I understand that this application becomes Halltown Fire Protection District property and will be put in my file along with the background check. I agree that his application does not in any way bind the Halltown Fire Protection District in accepting me as a volunteer and is not an application for employment. I also understand if taken as a volunteer that I am under a 90 day probationary period in which any negative actions taken by myself ay lead to automatic dismissal form service.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Drug-Free Workplace Agreement

## Halltown Fire Protection District

### **Purpose and Goal**

Halltown Fire Protection District is committed to protecting the safety, health, and well being of all members and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment.

- As a condition of membership, Halltown Fire Protection District requires all members to adhere to a strict policy regarding the use and possession of drugs and alcohol.

### **Prohibited Behavior**

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants. Prescription and over the counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any member taking prescription or over the counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the member, fellow member, or the public it is the member's responsibility to use appropriate judgment to avoid unsafe workplace practices.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications.

### **Drug Testing**

Each member, as a condition of membership, will be required to participate in post-accident, and reasonable suspicion testing upon selection or request of the Board. The substances that will be tested for are amphetamines, cannabinoids, cocaine, opiates, phencyclidine (PCP), and alcohol. Testing for the presence of alcohol will be conducted by analysis of breath. Testing for the presence of metabolites of drugs will be conducted by the analysis of urine. Any member who tests positive will be immediately removed from duty and required to pass a return to duty test. A member will be subject to the same consequences of a positive test if he/she refuses the screening or test. All drug-testing information will be maintained in separate confidential records. In the case of applicants, if he or she violates the drug-free workplace policy, the offer of volunteering can be withdrawn. The applicant may reapply.

I have read and fully understand the Halltown Fire Protection District Drug Free Workplace statement. By affixing my signature, I agree with the Drug Free Workplace statement and any other screenings deemed necessary or appropriate by the organization.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_