



GIFFORD FIRE PROTECTION DISTRICT

404 N. Main, Gifford, IL 61847 Non-Emergency Phone: 217-568-7887

Volunteer Firefighter Application Form

Last Name _____ First Name _____ Middle Initial _____

Address _____ # Years _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____

Name of Present/Most Recent Employer _____ Years There _____

Address _____

Duties/Responsibilities _____

Former Employer _____

Address _____

Duties/Responsibilities _____

Have you discussed with your employer the fact that you are applying for a position with the Fire Department:

Yes No If yes, did your employer express any negative reaction: _____

Education:

High School/Secondary Education _____ Diploma Yes No

College or University _____ Degree _____

College or University _____ Degree _____

Courses/Workshops/Seminars _____

First Aid Training/Certificates _____

List any relevant training or experience you possess that you feel would be beneficial to the Department, e.g. fire suppression training, first aid, SCBA certification, Class B CDL License, etc. _____

List any special skills or abilities that you possess which you feel would be beneficial to the Department.

Personal information on this form is collected under the authority of the Freedom of Information Act and will be used to determine eligibility for employment as a Volunteer Firefighter. Questions about this collection of personal information should be directed to the Gifford Fire Protection District, 404 N. Main, Gifford, IL 61847, 217-568-7887

Are you able to respond to emergencies during:

The daytime? Yes No

The night? Yes No

The weekend? Yes No

Please provide three character references that we may contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I, _____ authorize the Gifford Fire Protection District to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file. These persons are authorized to disclose such information.

Potential members will be interviewed by the appropriate Fire District members and will be interviewed by the Gifford New Firefighter Committee.

Applicants may be subject to a physical examination by a doctor approved by the fire district at the applicant's expense.

Applicants shall be required to have a background check. (Cost will be covered by the fire district)

Accepted applicants are subject to a twelve-month probationary period and are required to successfully complete minimum training requirements before full status is granted.

Applicant Name (print) _____

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

Comments _____

