Application for Membership: Apprentice/Junior Firefighter

The Rock Valley Fire Department (RVFD) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prevent performance of essential job functions. Rock Valley Fire Department (RVFD) policy requires that all Apprentice / Junior Fire Fighters be legal residents of the United States and reside within Rock Valley Fire Department's jurisdiction. To be considered for membership, applicants must be at least 16 years of age, have a valid Driver's License, be in good academic standing, and be of good moral character. Persons who are substance abusers, who have been convicted of a felony, or are not considered to be in good academic standing are not eligible to apply.

Application Date:				
I. Personal Information / Demograp	hics			
Name:	Middle	Last		
Social Security No:	Date of	Date of Birth (mm/dd/yyyy):		
Driver's License No:	State o	of License:		
Address:				
Cell Phone:	Home I	Phone:		
Email Address:				
Parent(s)/Legal Guardian(s): 1. Have you ever been convicted of a t		□ Yes □ No		
If yes, please explain:				
2. Have you ever been convicted of a r If yes, please explain:			□ Yes □ No	
3. Have you ever been convicted of a f	-			
4. Has any jurisdiction suspended, re If yes, include jurisdiction, date, loc				
5. Do you speak a foreign language?	☐ No ☐ Yes (please	list):		
6. Is there any reason, condition, and anticipate may impact the departm	, <u>-</u>		aware of that you ☐ Yes ☐ No	

II.	Education History		
Hi	gh School:	Grade	e Level:
Ot	her:		
Pri	incipal:	Phone N	umber:
Su will eac	Apprentice/Junior Firefighters must maintain aspension from school will result in suspension ll result in expulsion from the fire department. The chapprentice/junior firefighter's school principate school concerning grades and disciplinary actions.	from the fire the Rock Valle al of their appl	department. Expulsion from school y Fire Department (RVFD) will notify lication and will keep in contact with
Ar	e you currently in good academic standing?	□ Yes	□ No
III	. Employment History (include your most red	cent/last two	employers if applicable)
1.	Current/Most Recent Employer:		Position:
	Address:	Date	s Employed:
	Do you currently work: □ Days	□ Nights	□ Other:
	Manager / Supervisor:		Phone:
	Reason for Leaving:		
2.	Employer:	I	Position:
	Address:	Date	s Employed:
	Manager / Supervisor:		Phone:
	Reason for Leaving:		
you cer no	OTE: Federal law prohibits the employment of unaut u must submit satisfactory proof of employment a rtificate, Green Card, etc.) at the membership in nconsideration. We will contact all of the employers lem below. Please list any employers you do not want	uthorization ar iterview. Failui isted on this ap	nd identity (valid driver's license, birth re to submit such proof will lead to plication unless you specifically exclude

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Employer: ______ Reason: _____

Reason:

Employer:

IV. Department Questionnaire

1.	. Why are you interested in firefighting?		
2.	What specific skills or traits will you bring to the department (mechanical, construction, computer, teaching, etc.) and how will they benefit our team?		
3.	What volunteer commitments, if any, have you successfully sustained in the past (church community, etc.)?		
4.	Will there be any time(s) of the year when you will be unavailable to respond to calls for a significant period of time (greater than a week)?		
5.	Are there any other life-factors that may prevent you from responding to calls on a regular basis (aside from periodically being out of town for a few days)? ———————————————————————————————————		
6.	Have you received permission from your principal to leave school for calls? \Box Yes \Box No		
7.	Have you received permission from your current employer to leave work for calls? \Box Yes \Box No		
8.	Are you aware of any physical, psychological, or other limitations or restrictions that may prevent you from performing essential duties and functions related to firefighting? \Box Yes \Box No If yes, please explain:		
9.	Have you ever experienced: \square claustrophobia \square acrophobia \square hemophobia \square N/A		
10	Are you available to begin responding to calls and events as soon as you are appointed and have completed the necessary pre-employment and orientation requirements? \Box Yes \Box No If no, please explain:		
11	Are you willing to attend monthly training and business meetings, as well as obtain required certifications/trainings? \Box Yes \Box No (explain):		
12	Emergencies require prompt response times. Are you able to arrive to the station within 3-4 minutes of receiving the initial page? \Box Yes \Box No (explain):		

Print Parent/Legal Guardian Name

V. References (Please do not include relatives or employers already listed)

	·	-	·
1. Name: _			Phone:
Address	:		Years Known:
Relation	ship:		
2. Name: _			Phone:
Address	;		Years Known:
Relation	ship:		
VI. Applica	nt Acknowledgement		
my role at en	I that if I am elected to the Rock Valley Fire Deparnergency calls/scenes will be limited. I will be exped other department functions.		
certification possible upo	d that if I am not currently a certified firefighted requirements, I will be required to become certain becoming a full member of the Rock Valley may be charged to me under certain circum	tified and/o Fire Depar	r complete such courses as soon as tment (RVFD). Fees for training and
	I that unless I am otherwise detained by family, or calls at any time of day or night, any day of the		
approved/ele discipline, ar SOG's, and g	y make application for membership to the ected, do solemnly pledge myself to obey all land to hold myself bound in order to conform and general orders of the Rock Valley Fire department by and surrounding communities or jurisdictions	awful orders abide by, in (RVFD) in (s of my superiors, to be amiable to n every respect the by-laws and code, order to protect the lives and property
may cause authorize the (RVFD) to concept the concept to concept the concept t	tify that all statements in this application are this application to be rejected and/or any a he Administration and the Membership Concontact any of the employers/references list (RVFD) and all individuals connected there such information. I also understand that I may estigation or contact with the said individuals ment/membership will not be processed furth ments. Any photocopy of this application as valid as the original.	ppointment nmittee of ited above vith from a ny withhold or employe er. My sign	to a position rescinded. I hereby the Rock Valley Fire Department and release the Rock Valley Fire Il liability for damages incurred in my permission and that in such a ers will be done, and my application ature below indicates my assent to
Applicant Signa	iture	-	Date
Print Applicant	Name		
rippiicant			
Parent/Legal Gi	uardian Signature	-	Date

VII. Authorization for Release of Personal Information and Records

As part of the process for evaluating potential volunteer members, I understand the Rock Valley Fire Department (RVFD) conducts background checks on all applicants. This is done to ensure that new members are persons in good standing and have no civil or criminal legal actions pending. I also understand that new members must pass a mandatory physical/medical exam and drug/alcohol screen.

My signature below indicates my assent to the release of any personal or identifying information contained herein this application and a check of my state and local records. This may include, but is not limited to, school records, employment records, medical records, military records, motor vehicle, police and/or court records. I also release the Rock Valley Fire Department (RVFD) and all individuals connected therewith from all liability for damages incurred in furnishing such information and do hereby absolve anyone of any responsibility in giving my records to an authorized administrator or officer of the Rock Valley Fire Department (RVFD).

I understand that the Rock Valley Fire Department (RVFD) will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I hereby give permission to the Rock Valley Fire Department (RVFD) and any authorized agents to obtain any such records from this date forward as long as I am a member of the department or any other fire departments or fire associations located in Rock Valley. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment/membership will not be processed further.

My signature below indicates my assent to these statements. Any photocopy of this application and release bearing my signature shall be considered as valid as the original.

Applicant Signature	Date
Print Applicant Name	Date of Birth (mm/dd/yyyy)
Parent/Legal Guardian Signature	Date
Print Parent / Legal Guardian Name	



ROCK VALLEY FIRE DEPARTMENT

1705 11th Street | Rock Valley, IA 51247 | Phone (712) 476-5861

Apprentice/Junior Firefighter Parental/Legal Guardian Release

This document must be signed by the proposed Apprentice/Junior Firefighter and his/her parent/legal guardian and returned to the Rock Valley Fire Department before the Apprentice/Junior Firefighter will allowed membership, be allowed to ride any Emergency Vehicle, and before any equipment will be issued.

I, ______ hereby give my permission for my child,

, to ride the app	paratus of the Rock Valley Fire Department
while responding on call both emergency traffic and no	n-emergency traffic. I am signing this
document with the understanding of the risks involved	while riding on an Emergency Vehicle. I
understand that no apprentice/junior firefighter should	respond to emergency calls in his/her
personal vehicle and MUST obey all traffic laws. Any mo	oving violations received by
apprentice/junior firefighters are his/her responsibility	and may result in disciplinary action.
I will allow my child to participate in any and all adult s	supervised activities within the department. I
also understand that all members are expected to cond	uct themselves in a professional and
respectful manner and that any apprentice/junior firefi	ghter may be dismissed from the department
at any time by the Fire Chief or his/her designee. Furth	ermore, I understand that by signing this
form I, the Parent/Guardian, will be responsible for any	and all issued equipment that is lost,
stolen, or damage due to neglect, abuse, or misuse.	
Applicant Signature	Date
Print Applicant Name	-
Parent/Legal Guardian Signature	Date
Print Parent/Legal Guardian Name	-