



# Weston Fire Department

## Volunteer Application

We are a not for profit equal opportunity volunteer service organization, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, handicap or national origin.

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

List other Names You Have Used  
(alias, married/maiden, etc.) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Referrer's Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Position Desired

Desired Position: \_\_\_\_\_

Certified Firefighter? YES  NO  Certified EMS? EMT  Paramedic

Ever Applied to the Weston FD Before? YES  NO  If yes, when: \_\_\_\_\_

Reason for wanting to Join the Weston FD?

### Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## General

Other Certifications or Special Study: \_\_\_\_\_

Job Related Skills (Driver/Operator, Computer: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_

Activities Other Than Religious (Civic, Athletic, etc.): \_\_\_\_\_

*Exclude organizations, the name or character of which indicates race, sex, color or national origin of its members*

## References

Please list three professional references (below) & Please attach a recent copy of your resume with this application.

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Relationship if Any: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Relationship in Any: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Relationship if Any: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Criminal / Disciplinary History**

Have you ever been subject to limitation, suspension, or revocation of a healthcare license, voluntarily surrendered such a license to a state's issuing agency, or were denied a healthcare license?

YES NO

If yes, provide on a separate sheet the date of action, state and agency name, and action taken.

Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor (not including minor traffic or parking violations)?

YES NO

If yes, provide on a separate sheet the offense(s) committed and court case/cause number(s), the dates of conviction or deferred adjudication(s), amount of fine(s) or length of sentence(s), the City, County and state where the offenses(s) were committed.

**Authorization and Signature**

*I certify that the facts contained in this application (and accompanying documents, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of this application is sufficient cause for refusal to accept, or dismissal if I have been accepted, no matter when discovered by the Weston Fire Department.*

*I understand that membership is conditioned on a background check. I authorize the Weston Fire Department to thoroughly investigate all statements contained in my application, and I authorize my present and former employers and references to disclose information regarding my employment history, character and general reputation to the Weston Fire Department, without giving me prior notice of such disclosure. In addition, I release the Weston Fire Department, my present and former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.*

*I understand that filling out this form does not indicate there is a membership available and does not obligate the Weston Fire Department to accept me as a new member. If accepted for membership, I agree to abide by all Department rules, policies and procedures. The Department reserves the right to revise its rules, policies and procedures, in whole or in part, at any time.*

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