

**Langford Volunteer Fire Department
Application**

(Please print) Date: _____

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Carrier: _____

Marital Status: () Single () Married Email: _____

Current Employment History:

Company: _____ Dates: _____

Address: _____ Phone: _____

Position: _____ Supervisor: _____

List any Firefighting Experience: _____

Previous Volunteer Experience: _____

Other Community Activities: _____

Health Problems: _____

Reason for Volunteering: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Address: _____

Family Physician: _____ Phone Number: _____

List Two Personal or Business References:

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Your signature indicates your approval for the Officers of the Langford Volunteer Fire Department to check your listed references and to contact your family physician upon evaluation of your application.

Signature: _____

The signature of a parent/ guardian is required for applicants of Jr. Firefighters as according to the Department By-Laws.

Parent/Guardian: _____ Signature: _____
(please print)

Langford Volunteer Fire Department Rankin County

Background Release

Upon completion of application to this organization, it is the rights of the County as well as the Fire Organization itself to know its potential members. Therefore, a full Background Check, including Driving Record, Criminal History, and other References will be checked. If the applicant refuses the Background Check, his or her application will be discarded.

Applicant: _____ Signature: _____
(please print)

Social Security Number: _____

Driver's License Number: _____

Date: _____

Do you have Personal Liability Insurance on your vehicle? Yes No

Have you had any traffic violations in the past three (3) years? Yes No

If yes, please explain:

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Upon completion of the History Check, the applicant will be contacted by the Chief/Assistant Chief, to discuss status of membership.

For Fire Department Use Only

All Volunteers are required to attend three meetings before being voted in by all attending members.

Meetings Attended: _____

Date Member Voted In: _____ Date Member Sworn In: _____

Officer Signature: _____ Date: _____

Opportunities for Volunteers are provided without regard to religion, creed, race, national origin, age or sex.

LANGFORD VOLUNTEER FIRE DEPARTMENT

I, _____ understand that **all** equipment, pager and tools issued to me from Langford Volunteer Fire Department are property of the Fire Department. I also understand that Langford Volunteer Fire Department can recall and inventory all and any of this equipment at any time. Should any of this equipment be damaged during training or performance of my duties as a member, I must immediately notify the Chief or another Officer as soon as possible.

If I fail to comply to these terms and return equipment in good working order, I understand that Langford Volunteer Fire Department has the right to notify Rankin County Sheriff's Department or proper authority and turn over this document for collection and possible prosecution as by Law for all and any equipment or tools not returned by me upon my leaving or termination of membership from Langford Volunteer Fire Department.

I, _____ understand that as a Member of Langford Volunteer Fire Department, per our Standard Operating Guidelines, **I may not at any time have a beard/goatee.** Mustache only is acceptable.

If I fail to comply with Langford Volunteer Fire Departments By-Laws and Standard Operating Guidelines, Disciplinary Action or Termination will be taken.

Member Signature

Date

Officer/Issuer

Date

APPLICANT CHECK LIST

MEMBER NAME: _____

COPY OF THE FOLLOWING DOCUMENTS

- BACKGROUND CHECK
- DRIVER'S LICENSE
- CPR CARD
- LVFD BY-LAWS & STANDARD OPERATING GUIDELINES
- ISSUED EQUIPMENT AGREEMENT
- PAGER AGREEMENT

REQUIRED NIMS CERTIFICATIONS WITHIN FIRST 90 DAYS

- 100**
- 200**
- 700**
- 800**
- 808 (EMR OR HIGHER)**