

SO YOU WANT TO BE A FIREFIGHTER??

So you want to be a firefighter? Before you become one of us, We want you to know what you may not know now.

We cannot offer the pay or benefit packages of more typical “employers”.

That’s why we are called “public servants” or “volunteers”.

You should also know that you “**Volunteer**” to belong--- Everything that follows in your fire service is “**MANDATORY**”. It has to be. The services we provide quite literally involve life and death, including your own.

Fire Departments are not social clubs. The days of the “good ole’ boys”, “bearded wonders”, and “banquet fireman” are gone. Buildings burn with more intensity, hazardous material, and risk of collapse are more prevalent than before.

Other organizations exist to fulfill your “party” needs.

Belonging will be time consuming. Training, More Training, Always Training.

Firefighting is a “**gamble**”. The only means of putting the odds in your favor is education. Knowing how fires burn, clues of smoke and its color, building construction and all the other things that, may save **your** life, as well as the lives of others.

It also takes time to respond to alarms, to do your duty, and then get all of the equipment and tools of the trade back in service. The work does not end when the fire goes out. Time is needed for vehicle, equipment, and station maintenance, prevention, inspections, investigations, record keeping, parades, and fundraisers. There is never enough money. There is never enough time. The fire service requires lots of time.

Firefighting is physically demanding. Not all the time, - just each time you set foot on the truck to respond to a call. Your heart pounds, adrenaline flows, and if you are sane, you will also be scared. You’ll wear almost 50 pounds of protective equipment. While wearing it you will pull, push, climb, stretch, carry, lift, crouch, crawl, and breathe harder than you ever thought was possible. You will learn what it is to be truly, “cold”, “hot”, “sore”, and “tired” You may bleed, you will sweat, and sometimes you may cry.

Firefighting can be ugly. It can be blinding bright, or blinding dark. It can be deadly silent or have a deafening roar. You will see suffering and carnage in fires of the future- like those before.

So, you still want to be a firefighter?

Then you might make it, you can make it; many have. The “bad” in firefighting is part of the “good” It is what makes us different. We do what others can’t. We go where others won’t. If you become one of us, you will share the challenges, camaraderie, and when we’re successful, a sense of accomplishment that is “second to none”.

Your family becomes ours; and ours becomes yours. In our own breed, you will experience an often- strange sense of humor, and you will develop pride. Not boastful, bragging, cocky pride; rather an inner pride known only by those who have worn the gear. You will develop a respect for your co-workers across the nation, and their job, which exists in no other profession.

It is often said, “Firefighting gets in your blood”. That’s not true. If you become one of us, it gets in your heart.

**North Georgetown Volunteer Fire Department
North Georgetown, Ohio**

Application for membership

You must be eighteen years of age to apply for membership, and complete the attached form furnishing all requested information as it applies to you. If you fail to answer all questions fully and accurately, you may delay consideration of your application. The medical section is a basic physical exam given by a doctor; this is **optional** for consideration. However a physical within prior year from start date of your fire training class is **MANDATORY** per NFPA 1001. In addition to this application, a criminal history report from the Department of Public Safety is required.

You are required to present the completed application to a member of the North Georgetown Volunteer Fire Department at one of it's regularly scheduled training sessions or at the monthly business meeting. Training sessions are on Tuesday night's beginning at 1900 hrs (7:00 pm) and the monthly business meeting is the 4th Tuesday of every month beginning at 2000 hrs (8:00 pm).

After presenting your application, a meeting will be arranged between you and the Membership Committee. The information in your application will be verified. A vote will be taken at the next monthly business meeting of the Department, considering the acceptance, or rejection, of your membership for the North Georgetown Volunteer Fire Department. You will be notified as to the outcome that night, if available, or as soon as you can be contacted.

You will be REQUIRED to attend the Ohio State Fire Marshal's 36 Hr. Basic Volunteer Firefighter course, or the Ohio State Fire Marshal's Level 1 Firefighter course within your first year of appointment.

North Georgetown Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

1	Name:	First	Middle	Last	3	Social Security Number			
2	Address:	Number	Street	Apartment #	4	Phone Numbers:			
						Home			
						Work			
		City	State	Zip	5	Date of Birth			
6	Did you graduate from high school?			7	If not, do you have a high school equivalency diploma? (i.e. GED)				
	Yes No				Yes No				
8	Name location (city & state) of any colleges or universities attended:			Major field of Study	Degree Received?				
					Yes	No	Type	Year	
9	Other training (including business, trade, military, or correspondence school)								
	Name and location of school (city and state)			Type of training			Year		
10	Use this space to give any special qualifications relevant, which are not covered elsewhere in your application (such as professional license or certificate [i.e. RN or EMT], or skills or certificates from another Vol. Fire Dept. [i.e. CPR or HAZMAT] use separate sheet if ness.)								
	Skill/qualification			Agency			Year		

(Use other sheet if necessary)

11	Do you have a fear of heights or confined spaces?	Yes	No
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12	MEDICAL HISTORY		
	Do you have any physical limitations that should be considered?	Yes	No
	Do you have any chronic disease?	Yes	No
	Do you have any heart problems?	Yes	No
	Do you have any respiratory problems?	Yes	No
	Are you receiving any special medical treatment or medications?	Yes	No
	If yes to any of the above questions, please explain _____		

13	PHYSICIAN SECTION (To be filled out by a physician) (Optional)		
	Medical Doctor: Name, address, and phone number.		

	I have found this person to be in good health, capable of handling the duties involved with fire suppression, and ready for service with the FIRE DEPARTMENT.		
	SIGNED _____ M. D. _____ Date _____		

EMPLOYMENT HISTORY (Last 5 yrs. Use another sheet if needed)

14	Position:	Name, Title and Position of Immediate Supervisor
	Employer (company or organization):	Address of Employer:

<p>Dates of Employment:</p> <p>From _____ To _____ Mo. Yr. Mo. Yr.</p> <p>Number of hours worked per week: _____</p> <p>Reason for leaving: _____</p>	<p>Describe your duties, responsibilities, and accomplishments below.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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15	Position:	Name, Title and Position of Immediate Supervisor
Employer (company or organization):		Address of Employer:
<p>Dates of Employment:</p> <p>From _____ To _____ Mo. Yr. Mo. Yr.</p> <p>Number of hours worked per week: _____</p> <p>Reason for leaving: _____</p>		<p>Describe your duties, responsibilities, and accomplishments below.</p> <p>_____</p> <p>_____</p> <p>_____</p>

16	References	
List three persons other than relatives who know you and your qualifications.		
<p>1. Name: _____</p> <p>Relationship: _____</p>	<p>Address: _____</p> <p>_____</p> <p>Phone: _____</p>	
<p>2. Name: _____</p> <p>Relationship: _____</p>	<p>Address: _____</p> <p>_____</p> <p>Phone: _____</p>	
<p>3. Name: _____</p> <p>Relationship: _____</p>	<p>Address: _____</p> <p>_____</p> <p>Phone: _____</p>	

17	Are you a citizen of the United States?	Yes	No
	Are you legally eligible for employment in the United States?	Yes	No

18	Do you have a valid driver's license?	Yes	No
	License Number _____ State _____ Expiration Date _____		

19	Do you authorize the FIRE DEPARTMENT to check your driving record, both now, and on a periodic random basis during membership for repeated or significant traffic violations?	Yes	No
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20	Have you ever been convicted of a felony?	Yes	No
	Have you ever been convicted of arson or been a suspect in an arson investigation?	Yes	No
	If yes to either question, please explain: _____		

	A conviction does not automatically mean that you cannot be elected to membership. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made (attach additional sheets if necessary). A record check will be run to verify your answer.		

21	Are any members of your family members of the North Georgetown VFD?	Yes	No
	Name: _____ Relationship: _____		
	Name: _____ Relationship: _____		

22	Does your application meet with the approval of your employer? (If employed in this area)	Yes	No
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23	Please describe any additional experience (paid or volunteer), activities or accomplishments that are relevant to fire suppression. Include name of organization, dates, and amount of time involved. Attach additional sheets if necessary.
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24 CRIMINAL HISTORY RECORD REQUEST:

I hereby consent to a search of conviction information/ Criminal History Information.

Signature: _____ Date Signed: _____

25 DEPARTMENT MEMBERS:

I desire to make an application for membership in your DEPARTMENT, pledging myself to conform to all rules of said DEPARTMENT, to obey all orders given me by those in authority, to answer all calls, attend all training, and meetings to the best of my ability, conduct myself at all times in such a manner as not to throw discredit on the DEPARTMENT. These statements made by me in this application are full and true to the best of my knowledge and belief. I understand that the information provided may be verified and any willful misstatement of material facts herein will cause forfeiture on my part of all rights to membership in your DEPARTMENT.

Signature: _____ Date Signed: _____

(Department use only)

(Department use only)

APPLICATION OF

NAME: _____

Proposed _____ , _____

Selected:

Probationary Member _____ , _____

Active Member _____ , _____

Committee of Investigation

The undersigned committee of investigation having conscientiously investigated this application report favorable.

