

Allen Parish Fire District 3

Application for Volunteer Firefighter

Name:				Date:	
Address:			City:		State: Zip:
Home Ph:		Cell Ph:		e-Mail:	
D.L. #		Class:		Issue State:	
S.S.# - -		Sex: () Male () Female		Blood Type:	
D.O.B. - -		Marital Status: () Married () Single		Height: Weight:	
Hair Color:		Eye Color:		Race:	
Physician's Name:				Physician's Ph:	
Allergies:					
In Case of Emergency Notify:					
Address:			City:		State: Zip:
Home Ph:			Cell Ph:		
Eyesight:		Yes	No	Remarks	
Have you lost use of either eye?					
Is peripheral (side) vision restricted?					
Are you color blind?					
Do you have, or have you ever had, cataracts?					
Are actual deficiencies corrected by glasses or contact lenses?					
Date of last eye examination?					
Hearing:		Yes	No	Remarks	
Do you have difficulty hearing normal conversation level?					
Do you use a hearing aid?					
Diabetes:		Yes	No	Remarks	
Have you ever been treated for diabetes?					
Describe current medication and dosage, if any, and method of administration under "remarks"					
Date of latest blood sugar test:					
Heart:		Yes	No	Remarks	
Have you ever been treated for heart disease?					
Describe condition:					
Describe current medication and dosage, if any, under "remarks."					
Do you have a pacemaker?					
Date of last treatment or check up					
Epilepsy:				Remarks	
Have you ever been treated for epilepsy?					
If "yes" when was you last seizure?					

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[illegible]

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All members of this Department must be 18 years of age (16 for junior members) and reside within District 3 or be within 7 miles of any District Station.

I UNDERSTAND THAT THIS IS A VOLUNTEER DEPARTMENT AND THAT THERE ARE RULES AND REGULATIONS THAT MUST BE OBSERVED. I AM ALSO AWARE THAT I MAY BE SUBJECT TO RANDOM DRUG TESTING, AND DRIVER'S LICENSE BACKGROUND CHECK CONDUCTED. ANY MISUSE OF THE DEPARTMENT EQUIPMENT OR FAILURE TO COMPLY WITH THE REGULATIONS SET BY THIS DEPARTMENT WILL RESULT IN DISCIPLINARY ACTION OR DISMISSAL.

Furthermore, I hereby authorize any licensed physician, medical practitioner, hospital, or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give Allen parish Fire District 3 any such information.

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

I hereby certify that I have received a copy of all the rules and regulations, have read them, and fully understand them.

Signature of Applicant

Date

Parent/Guardian consent for applicants under 18 years of age.
I, _____, give my consent for _____ To become a Jr. Member of Allen Parish Fire District 3 Volunteer Fire Department.
Signature of Parent/Guardian
Date

Fire Chief

Date

Approved / Rejected

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	Item		Condition	Remarks
Handheld Radio	Radio Make:			
	Radio Model			
	Radio Serial #			
Mobile Radio	Radio Make:			
	Radio model:			
	Radio Serial #			
		Issued/Size	Condition	Remarks
Bunker Gear	Helmet:			
	Jacket:			
	Pants:			
	Boots:			
	Hood:			
	Gloves:			
	Bag:			
T-Shirt Size				

I _____ acknowledge receiving the aforementioned equipment to use in the execution of my duties as a member of Allen Parish Fire District 3. If I resign from or am removed from duty for any reason I will return said equipment.

By putting my cell number and carrier here I am requesting my cell phone number be added to the list with Com-Center to receive a text message when we receive a page.

Cell Phone Number: _____ Phone Carrier: _____

Signature of Volunteer: _____