

Ronan

VOLUNTEER FIRE DEPARTMENT

Application for Membership

We welcome you as a firefighter applicant. It is the policy and intent of the Ronan Fire Department to provide equality in opportunity for all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, disabilities, marital status, sex or age in all aspects of our personnel policies, programs, practices and operations.

Overview

The Ronan Fire Department provides fire protection, fire prevention, rescue operations and participates in many community events. We protect the city of Ronan, the town of Pablo and the surrounding 225 square miles of the Ronan Fire District.

The department operates out of two stations and responds to over 200 calls per year. Station 1 is located in Ronan and Station 2 is located in Pablo.

To be a firefighter for the Ronan Fire Department you must be at least 18 years old, have a valid drivers license and live or work within the Ronan fire district. You must respond to at least 30% of the fire calls. You will be required to obtain 30 or more hours of training each fiscal year, July 1st to June 30th inclusive. You may not miss more than three in a row unexcused truck checks or training meetings.

Applicants are discussed and approved by the membership of the Ronan Fire Department. A two year probation also applies to new members.

We take pride in playing the role of volunteer firefighters and are proud to serve the community that is very supportive of our organization.

TWO YEAR PROBATIONARY TRAINING

NEW MEMBERS MUST MEET THESE GOALS IN THE AMOUNT OF TIME INDICATED.

ONE TO SIX MONTHS

1. Be able to put on turnout gear in less than one minute.
2. Be able to connect to and operate fire hydrant and also operate nozzle.
3. Learn Department policy and procedures.
4. Learn fire scene safety and chain of command.

SIX TO TWELVE MONTHS

1. Be able to locate and identify all tools and equipment.
2. Be able to put on S.C.B.A. in less than one minute.
3. Be able to operate foam unit.
4. Understand Incident Command System.

TWELVE TO EIGHTEEN MONTHS

1. Make air mask entry and be able to work with other firefighters.
2. Be able to operate the following tools: vent saw, piercing nozzle, exhaust fans, ladders and entry tools.
3. Operate chimney cleaning tools.

EIGHTEEN TO TWENTY FOUR MONTHS

1. Complete basic wildlands course.
2. Be able to drive and operate Apparatus.

Ronan Fire Department Membership Application

Name:
Social Security #:
Address: Mailing and Physical:
Phone Number(s):
E-mail:
Do you have a current drivers license? Yes No – Attach a copy
Driver's License Number:
State: Class:
Have you ever been placed on light duty? (If yes please describe)

Education:

Highest Grade Completed:
Name and Address of Institution:
Graduated Date:
Technical School(s):
Have you served in the military? (If yes please list below)
Branch: Rank: Dates of Service:
Type of Discharge: Specialty Field:
Duties:

Member of a Reserve or National Guard: Yes No

Meeting Requirements:	Rank:
Duties:	

Employment:

Present Employer:	Job Title:
Address:	
Immediate Supervisor:	
Phone:	
Will your employer allow you to leave for emergencies? Yes No	

References: *(List four people who are not related to you.)*

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

May the fire department contact your present employer, any organization and references that you have listed regarding your application and abilities? Yes No

Have you ever been a member of an emergency organization? Yes No

Name and address of the organization:		
Position Held:	Date of Service: To:	From:
Contact person and phone number(s):		
Reason for leaving:		
List or attached training:		

Briefly state why you wish to join the Ronan Fire Department, what the organization will gain from your membership and what you expect to gain from your membership:

Additional Information:

List any other training, skills certifications or desires you believe would make you an asset to the Ronan Fire Department:

Background/Criminal History Check

I, _____ hereby authorize the Ronan Fire Department to conduct a background and criminal history check on me as it pertains to employment as a volunteer firefighter. I am providing the following information, and by signing this form I am allowing the Ronan Fire Department to release the following information if applicable.

Signature: _____ Date: _____

Have you ever been convicted of a misdemeanor or Felony Crime? Yes No

(If yes, state the nature of the crime.)

List driving citations, which you have received in the past three (3) years.

Past Residences

Street address	City	State	Zip	Years

Have you ever been arrested, summoned into court as a defendant, indicted, convicted, fined, imprisoned or placed on probation? Yes No

If yes please explain:

I authorize an investigation of all statements in this application. I understand that misrepresentation or omissions of facts called for is cause for immediate dismissal. Further I understand and agree that my acceptance is dependent upon approval by vote from the members of the Ronan Fire Department.

The Ronan Fire Department does not discriminate based on creed, religion or gender. Minorities are encouraged to apply. The fire department time to time may have to establish a waiting list for membership.

The Ronan Fire Department is a very active community organization that strives to provide the best service possible to its community.

Signature: _____ Date: _____

Fire Department Use Only:

Date application Received:	References Contacted:	Date of Membership:

