



JOPPA FIRE DEPARTMENT



(618)-543-7320 115 Church Street Joppa, IL 62953 Daniel McHaney Chief

Membership Application for the position of Volunteer Firefighter /First Responder

The Joppa Fire Department is dedicated to a policy of nondiscrimination for volunteer membership on any basis prohibited by law. Volunteer membership is available without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Please Position Seeking Firefighter First-Responder

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Street Address:	City	State/Zip
Home Telephone Number:	Cell Phone Number:	E-Mail Address:
Date of Birth:	SSN:	
Driver's License #	Driver's License Class:	
Emergency Contact:	Contact's Phone Number:	

EMPLOYEMENT

Current Employer:		
Employer Address:	City	How long employed?
Employer Phone Number:	Current Position:	
Please list your current work schedule or any other times you would not be available to respond to Fire Department calls.		

SKILLS/TRAINING

Please list any specialized emergency services training you may have received (First Aid, CPR, EMT, Fire/Rescue training etc.) including date of training and expiration of any certifications.

REFERENCES

(Please list three references that are not relatives or former employee supervisors)

Name	Address	Phone Number

AT-WILL MEMBERSHIP DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge.

I understand that in consideration of my membership as a volunteer firefighter with the Village of Joppa, I agree to conform the policies and procedures of the department and that my membership can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Village of Joppa Fire Department or myself.

I understand that false or misleading information given in my application, or during the course of my membership may result in termination of membership whenever the omission or falsehood is discovered.

Signature of Applicant

Date