



Millersville Rural Fire Protection District

Volunteer Member Application

The positions you are applying for:

Junior Firefighter

Firefighter/First Responder

Support Staff

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Phone Number: _____

Driver License #: _____ State Issued _____ (attach copy)

Do you live within the Fire District or within 5 miles of the Fire District: Yes No

Are you willing to attend training sessions: Yes No

Are you willing to respond to emergency calls, day or night: Yes No

Why do you want to be a volunteer of the Millersville Rural Fire Protection District:

Have you ever been convicted of a Felony: Yes No

What is your highest level of education completed: _____

Do you have any volunteering experience: Yes No

If yes, please explain experience: _____

Employer Information:

Present Employer: _____ Supervisor's Name: _____

Employer Address: _____

Employer Phone Number: _____ Year Employed: _____

Job Title: _____ Working hours: _____

Military Service, if applicable:

Branch of Service: _____ Year of Service: _____

Type of work performed: _____

Fire Certifications (Please make copies of any training certifications you hold and include them with this application):

Basic Firefighter: Yes No
Firefighter 1: Yes No
Firefighter 2: Yes No
NIMS: Yes No
Medical Training: First Responder EMR EMT EMT-P
Hazmat Training: Awareness OPS Technician

References:

Name	Phone	Personal or Professional Ref.

To the best of my knowledge, the information provided in this Volunteer Member Application and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for volunteering with Millersville Rural Fire Protection District. By signing below, I hereby provide my authorization to Millersville Rural Fire Protection District to conduct a criminal background check.

Signature _____
Date

For office use only:

Date Application Received: _____

Date Background check completed: _____

Application Acceptable: Yes No

Fire Chief's Signature: _____ Date: _____

Date Reviewed by Board: _____

Application Approved Board: Yes No

Date Applicant Informed of Decision: _____