



## **SECTION 1: PERSONAL INFORMATION**

Last Name:	First Nan	ne:	MI:		
Mailing Address:		City:_			
State:Zip:	Home Phone:	Phone:Cell Phone:			
E-Mail:					
Driver's License: Type: Reg	ular CDL 102Q None	Number:			
SECTION 2: EXPERIENCE If you have previous firefight	ing experience, complete th	e information below.			
Name of Department:	Community:				
Department Chief:	Phone Number:				
Total Length of Service:	Dates: From:_		_To:		
Duties/Positions Held:					
Level of Training: None F	F1 FF2 EMT MRT Ir	nstructor Entry Level	Other:		
Reason for Transfer:					
Please describe your reason(	s) for wanting to join our org	ganization:			
List any current member of t	he Dane Volunteer Fire Dep	artment, if any, who ca	n attest to your character:		
Name o	N				

List two (	2) other personal references:				
Name:		Relationship:	_Phone:		
Name:		Relationship:	_Phone:		
List any other community involvement or organizations in which you are involved:					
Have you	ever been convicted of a felony:	Yes No If Yes, please explain:			
Do you ha	ave any driving violations (ticket, e	tc.)? Yes No If Yes, please explai	n:		
SECTION	3: RELEASE				
<ul> <li>By signing below, I agree that the Dane Volunteer Fire Department may conduct reference and background checks, including a police background check, based on the information I have provided above.</li> </ul>					
-	r signing below, I consent to having partment functions for press release	g my picture taken during training, eme ase.	ergency incidents and		
Signature	of Applicant:		Date:		

## **SECTION 4: MEMBERSHIP DISCLAIMER**

- The Dane Volunteer Fire Department retains the right to refuse applicants based on our assessment of
  our current needs of the department and the character and experience of applicants. Those applicants
  who are accepted on probationary membership are subject to a probationary period as outlined in the
  Bylaws and Standard Operating Guidelines/Procedure of the Department.
- Failure to comply with the requirements during the probation period may result in loss of membership.
- All information provided will remain confidential.