

KINDRED VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

STATION ADDRESS
571 ELM STREET
KINDRED, ND 58051

MAILING ADDRESS
P.O. Box 126
KINDRED, ND 58051
701-428-0151 business phone

Dear Prospective Member:

Thank you for your interest in becoming a member of the Kindred Fire Department (KFD). The level of commitment required for our members is unlike any other volunteer organization however the rewards are unique and satisfying. This letter briefly describes the membership categories and the basic requirements for our members. We encourage you to contact one of our members to learn more about our role in the community and the level of commitment expected of our members *before* you commit your time and talent to your community by becoming an active member of our department.

The Kindred Fire Department is a nonprofit corporation. Its purpose is to provide fire fighting, fire prevention, rescue and any other activity which affects the safety of the inhabitants of the cities of Kindred and the neighboring areas.

The Kindred Fire Department has two types of membership:

CADET MEMBERSHIP: A firefighting member who is at least seventeen years of age and resides or works within the primary response area. A junior member will not enter burning structures they may respond to mutual aid calls and/or rescue calls. The cadet must complete a four month probation period which he/she will be considered a conditional junior member. During the probationary period he/she will attend at least seventy-five percent of all departmental training. After completion of conditional status, the junior firefighter must attend six hours of scheduled drills each year.

REGULAR MEMBERSHIP: A firefighting member who is at least eighteen years of age. Must complete a one year probation period in which he/she will be considered a conditional regular member. During the probationary period he/she will attend at least fifty percent of all departmental training. Conditional Members may need to complete a Drug and Alcohol Screening if requested. After completion of conditional status, the regular firefighter must attend at least twelve hours of scheduled drills each year to be considered an (active) voting member. A regular member must complete an NDFA Firefighter One class after one year after the date of application.

Business meeting held at Kindred Fire Station Second Tuesday at 7:30pm. All members are requested to attend.
Training meeting held at Kindred Fire Station Fourth Tuesday at 7:00pm unless indicated otherwise from Training Director.

Thank you once again for your interest in becoming a member of the Kindred Fire Department. Your application will be taken into consideration by both our Officers and Regular voting Members. You will be notified once your application has been processed.

Sincerely,
Chief Rich Schock
Assistant Chief Jared McCollum

KINDRED VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

| | |
|-----------------------------|---|
| Name: (First, Middle, Last) | Date of Birth: |
| Address: (Street, City) | Last 4 Digits of Social Security Number: XXX-XX- |
| | Subdivision: |
| Home #: | Cell/pager #: |
| Work #: | Email Address: |

| | | |
|-------|-------|--------|
| Hair: | Eyes: | Scars: |
|-------|-------|--------|

| | | |
|--------------------|--------|-------------|
| Drivers License #: | State: | Type/Class: |
|--------------------|--------|-------------|

TYPE OF MEMEBERSHIP

Which KFD membership type do you have an interest in pursuing?

| |
|---|
| <input type="checkbox"/> REGULAR MEMBERSHIP [Fire Suppression (Firefighter/First Responder)] (18 years of age or older) |
| <input type="checkbox"/> JUNIOR MEMBERSHIP (17 years of age) |
| |

EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

| | |
|---------------------------|---------------|
| Name: | Relationship: |
| Address: | Work Phone: |
| Street, City, State, Zip: | Home Phone: |
| Doctor Name: | Doctor Phone: |

FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **fire organization** membership and **fire fighting** training with inclusive dates:

| | |
|-------------------------|-------------------------|
| Organization: | How Long: |
| Address: | Supervisor: |
| Date you entered: | Supervisor's Telephone: |
| Date you left: | |
| Reason you left: | |
| Rank or Positions Held: | |
| Organization: | How Long: |
| Address: | Supervisor: |
| Date you entered: | Supervisor's Telephone: |
| Date you left: | |
| Reason you left: | |
| Rank or Positions Held: | |
| Organization: | How Long: |
| Address: | Supervisor: |
| Date you entered: | Supervisor's Telephone: |
| Date you left: | |
| Reason you left: | |
| Rank or Positions Held: | |

List previous **Emergency Medical Service** affiliation and training with inclusive dates (list highest level of training, expiration date of certification and organization):

| |
|-----|
| #1: |
| #2: |
| #3: |

| | |
|--|--|
| List any or all other volunteer organizations you are or have been a member (NAME and LOCATION): | |
| #1: | |
| #2: | |
| #3: | |
| #4: | |

| |
|--|
| Please tell us briefly why you would like to become a member of the Kindred Fire Department. |
| |

EMPLOYMENT HISTORY

List below all previous employers in last 5 years starting with most current: (use additional paper if necessary)

| | |
|---------------------|-------------------------|
| Current Employer: | How long: |
| Address: | Position Held: |
| City, State, Zip: | Supervisor: |
| Business Telephone: | Supervisor's Telephone: |
| Employer: | How long: |
| Address: | Position Held: |
| City, State, Zip: | Supervisor: |
| | Supervisor's Telephone: |

REFERENCES

Please list **three** character references

| | |
|----------------------|-------------|
| Name: | Occupation: |
| Address: | Work Phone: |
| City, State, Zip: | Home Phone: |
| Interviewer's Notes: | |
| Name: | Occupation: |
| Address: | Work Phone: |
| City, State, Zip: | Home Phone: |
| Interviewer's Notes: | |
| Name: | Occupation: |
| Address: | Work Phone: |
| City, State, Zip: | Home Phone: |
| Interviewer's Notes: | |

CRIMINAL HISTORY

Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations? A felony is an automatic no hire.

YES NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES NO

Have you ever forfeited a bond?

YES NO

If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

| |
|--|
| |
|--|

MEDICAL HISTORY

Have you ever been diagnosed as, or been treated for having any of the following?

| | |
|-------------------|---|
| Diabetes | Cardiovascular Problems (Heart Disease) |
| Emphysema | Cerebrovascular Accident (Stroke) |
| Tuberculosis | Hypoglycemia (Low Blood Sugar) |
| Epilepsy | Eyesight Defects Corrected? |
| Cerebral Palsy | Hearing Defects Corrected? |
| Nervous Disorders | Lifting Restrictions |

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

If YES to any of these questions, explain in detail (use additional paper if needed).

Please read and sign:

I, _____ hereby make application for membership in the Kindred Volunteer Fire Department.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE KINDRED FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

For your membership application to be complete (BEFORE you turn it in), you must:

- Provide all information requested in this application including signature (use N/A when an item is 'not applicable' to you)
- Complete Authorization to Release Information Form
- Junior Members: Must complete Junior Membership Form (signed by parent or guardian)
- Contact an Officer of the Department to discuss membership requirements

How did you hear about us? (for example, Friend / Local Posting / Webpage)

Application Consent and Release
JUNIOR MEMBERSHIP ONLY

I, _____, age _____, hereby request permission to participate in weekly drills, firefighting and other activities of the Kindred Fire Department. It is understood and agreed that I will not enter burning structures or respond to Mutual Aid or Rescue Calls.

Date: _____

Applicant Signature

The above application is made with my knowledge and consent, and I hereby waive any and all rights I may have as a Parent of the above named minor to recover damages to person or property which may be incurred by said minor as a result of participation in the above stated activities.

Date: _____

Parent or Guardian Signature

Address: _____

ACCEPTED for the Kindred Volunteer
Fire Department this _____ day of
_____, 20 ____.

Chief, Kindred Fire Department

**KINDRED FIRE DEPARTMENT
MEMBERSHIP APPLICATION
AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish the Cass County Sherriff's Department and the Kindred Fire Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privilege nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility as a Member of the Kindred Fire Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Volunteer Fireman.

Applicants Signature _____, date _____

Sworn to and subscribed before me this _____ day of _____, year of _____.

FOR DEPARTMENT USE ONLY

| | |
|----------------------------------|--|
| Date Application Received: | |
| Application Received By: | |
| Department Interviewer: | |
| Background Check Conducted: | |
| Background Check Results / Date: | |
| Police Record: | |
| References Checked By: | |

| | | |
|----------------------------------|---------------------------------|--|
| Type of Membership: | | |
| <input type="checkbox"/> Regular | <input type="checkbox"/> Junior | |

| | |
|-----------------------------|--|
| Date Presented to Officers: | |
| Officers' Decision: | |

| | |
|-------------------------------|--|
| Date Presented to Membership: | |
| Membership Decision: | |

| | |
|-----------------------------|--|
| Date up for Regular Status: | |
| Regular Status Vote: | |