

# Volunteer Application

## Fort Wright Fire Department

409 Kyles Lane  
 Fort Wright, Kentucky 41011  
 859-331-2600 Business 859-331-0454 FAX

### Personal Information

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (Last) _____ (First) _____ (Middle) _____	Social Security No. _____
Address _____ City _____ State _____ Zip _____	
Phone (Home) _____ (Pager) _____ (Other) _____	
Position applying for: Fire _____ EMS _____ Both _____	DOB (M/D/Y) _____
How long have you lived at above address? _____ Are you a property owner in Fort Wright? _____	
Nearest Relative or Emergency Contact (Name / Phone) _____	Relationship _____

### Employment History (List your present and previous employers.)

Dates	Name and Address of Employer	Position/Occupation	Phone / Supervisor	
From _____ To _____			_____-_____ _____-_____	Hours/Shift You Work
From _____ To _____			_____-_____ _____-_____	Hours/Shift You Work
From _____ To _____			_____-_____ _____-_____	Hours/Shift You Work

### Experience (List previous fire service or EMS experience)

Dates	Department	Phone	Title / Position	Reason For Leaving
From _____ To _____		_____-_____ _____-_____		
From _____ To _____		_____-_____ _____-_____		

### Qualifications / Skills (List any certifications or job related skills you carry (i.e. truck driving, typing))

Certified Fire Fighter Yes ___ No ___	Date Certified _____	Volunteer or Paid Certification
EMT Yes ___ No ___	Original Certification Date _____	EMT # _____
CPR Certified Yes ___ No ___	Expiration Date _____	
First Aid Yes ___ No ___	Certification Date _____	
Other _____		

**Education**

Type of School	Name and Location of School	Degree / Area of Study	Graduated (yes / no)
High School			
College			
Graduate School			
Other			

**U.S. Military Service** (Please attach copy of DD214)

Branch of Service	Technical Specialization	Rank Attained	Type of Discharge	Years of Service	Active Reserves?

**References** (List three references that are not related to you.)

Name	Title or Relationship	Phone	Years Known

**License / Insurance Information** (A copy of your License and Proof of Insurance must be submitted with your application)

Operator License #	State Issued
Auto Insurance Carrier	Policy #
Agent Name	Agent Phone #
Have your driving privileges ever been revoked for any reason? Yes _____ No _____	
If yes, Explain:	

**Legal**

Have you ever been arrested or convicted of a crime other than a minor traffic violation? Yes _____ No _____
If yes, Give Dates, Location, and Details of event(s):

***Please read carefully***

In submitting this application for membership, I understand that an investigation may be made, whereby information is obtained regarding my character, employment, general reputation, educational background, criminal history and driving record. I authorize anyone possessing this information to furnish it to a representative from the Fort Wright Fire Department and I release anyone so authorized from the Fort Wright Fire Department from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of membership, I understand that false or misleading information given in my application or interview may result in immediate termination of membership. I understand, that as a member, I am required to abide by all by-laws and Standard Operating Procedures of the Fort Wright Fire Department. I also understand, that all equipment issued to me by the Fort Wright Fire Department is the property of the Department and will be returned at the request of the administration or at my separation from the Department.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR FELONY CONVICTION RECORD**  
**FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD**

Pursuant to HB 126, request is made for any record or conviction of a felony crime by the person identified herein. This information shall be released to:

\_\_\_\_\_  
Fort Wright Fire Department, 409 Kyles Lane, Fort Wright, Kentucky 41011

**ACKNOWLEDGMENT BY APPLICANT**

I have applied for employment, or acting as a volunteer, with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for a conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and KSP employee's from any claim for damages arising from the dissemination of inaccurate information.

*Applicant Information:*

Name: \_\_\_\_\_  
Last, first, middle, maiden

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Scars, marks, amputations: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

*INSTRUCTIONS:*

Requesting agency should ensure that all application information is completed.

Return forms to:

KENTUCKY STATE POLICE  
RECORDS SECTION  
1250 LOUISVILLE ROAD  
FRANKFORT, KY 40601