

# APPLICATION FOR VOLUNTEER FIRE FIGHTER CITY OF RADCLIFF FIRE DEPARTMENT

### PLEASE PRINT



Date of Application	Backgro	ound check rece	eived	
			<u>(Office Us</u>	<u>e Only)</u>
Last Name	First Name	Mido	dle Name	
Address		City		
Telephone (Home)	(Cell)	Soc	ial Security Nu	mber
,				
Are you currently employed	?		Yes	🗌 No
	at amployar?			
May we contact your preser	nt employer?		Yes	∐ No
Have you ever filed an appl	ication with us before?		□ Yes	🗌 No
		lf yes, please		
			<b>.</b>	
Have you ever been a volur	nteer with us before?		🗌 Yes	🗌 No
		lf yes, please	give date:	
Do you have transportation	24/72			
Do you have transportation	24/1 :		Yes	L] No
When are you able to respo	ond?		Days	Nights
				ge
Have you been convicted of a felony within the last		t 7 years?	🗌 Yes	🗌 No
Conviction will not necessa	rily disqualify an applica	ant.		

If yes, please explain

EDUCATION				
	Name/Address	Course	Years	Diploma/Degree
	of School	of Study	Completed	
Elementary				
School				
High School				
Undergraduate				
College				
Graduate				
Professional				

# ANY SPECIALIZED TRAINING IN US MILITARY

## ADDITIONAL INFORMATION

Other Qualifications: other experience:	Summarize specialized skills and qualifications from employment or

# *Note to Applicants*: DO NOT ANSWER THE NEXT QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in serving as	s a
volunteer firefighter for the City of Radcliff Fire Department? (A description of the activities	5
involved in such a job or occupation is attached.) YES NO	

### REFERENCES

1		
	NAME	PHONE NUMBER
2.	ADDRESS	
۷	NAME	PHONE NUMBER
-	ADDRESS	
3		
	NAME	PHONE NUMBER
	ADDRESS	

### APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for volunteer status as this information may be necessary in arriving at a decision.

This application for the Radcliff Fire Department shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for volunteer status beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means that the volunteer may resign at any time and the department may discharge a volunteer any time in accordance with the Standard Operating Procedures. It is further understood that the "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of volunteer status, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Radcliff Fire Department and the City of Radcliff.

Signature of Applicant

Date

### RADCLIFF FIRE DEPARTMENT REQUIREMENTS FOR VOLUNTEER MEMBERSHIP

- 1. All prospective applicants must be at least eighteen (18) years of age.
- 2. All prospective applicants shall live with the City limits of the City of Radcliff. An exception may be granted to those who live within one (1) statute road mile of the City limits.
- 3. All prospective applicants must complete the application for membership. The Chief will process the application and conduct a background investigation of the applicant. The background investigation will include a review of the application, arrest records, driving records and personal references.
- 4. All applicants must undergo a thorough background check and may not be accepted for membership if they have been convicted of a felon or are currently suffering from alcohol or drug dependency or other crime deemed inappropriate behavior by the Fire Chief or in violation of KRS Chapter 95.
- 5. All fire suppression personnel will be subject to difficult and strenuous work during training. The offer of a position to the prospective recruit will be conditional upon satisfactory completion of a physical examination to determine physical fitness for fire fighting duty.
- 6. After being accepted, all new applicants must serve a six (6) month probationary period.
- 7. Before **installation of red lights and siren in your personal vehicle** four (4) additional requirements must be met:
  - 1) successful completion of the six month probationary period
  - 2) completion of basic Fire Fighter Certification (150 hour)
  - 3) successful completion of Emergency Drivers Training Course
  - 4) personal vehicle inspection for compliance with basic D.O.T. regulations and KRS Chapter 189 compliance
- 8. The new recruit will have two (2) years to receive one-hundred fifty (150) hour certification by the State of Kentucky to become a certified Firefighter. The applicant must show reasonable progress in obtaining the certification. If the applicant fails to receive certification or fails to show reasonable progress in this effort, he/she may be dismissed.
- 9. Firefighters under the rank of Sergeant will not be allowed to transmit on F-1 from their privately owned radios and F-2 will be used for fire department business only.
- 10. Duties of the volunteer will include but are not limited to: placing a 24 ft. ladder with the help of another, climbing a 50 ft. ladder, carrying 50 lbs. up 5 flights of stairs, holding a charged 1 <sup>3</sup>/<sub>4</sub> or 2 <sup>1</sup>/<sub>2</sub> inch hose line for an extended length of time and wearing a self contained breathing apparatus for an extended period of time.

AOC-PT-53 Rev. 8-03 Page 1 of 1 Commonwealth of Kentucky Court of Justice www.courts.ky.gov	3/ 123P 16	MAIL REQUESTS TO: ADMINISTRATIVE OFFICE OF THE COURTS PRETRIAL SERVICES, RECORDS DIVISION 100 MILLCREEK PARK FRANKFORT, KENTUCKY 40601
pretrialrecords@kycourts.net	Emergency Services Request	

The process to obtain the information contained in the CourtNet Disposition System is as follows:

You must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked or provide e-mail addresses in place of envelopes.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER:
NAME:
DATEOFBIRTH:
MAIDENORALIASNAMES:
STREET ADDRESS/ P.O. BOX:
CITY, STATE, ZIP CODE:
E-MAILADDRESS:

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.

Requestor/Contact Person

Date

Agency

Phone Number

Address

E-mail Address

City, State, Zip