

Dandridge Volunteer Fire Department  
P. O. Box 249  
Dandridge, TN 37725

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*Volunteer Firefighter Application Form*

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Name: \_\_\_\_\_  
*Last* *First* *MI*

Are you at least 18 years old?       Yes       No

DL# \_\_\_\_\_      State: \_\_\_\_\_      SS# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone:      Work: \_\_\_\_\_      Home: \_\_\_\_\_

Cell: \_\_\_\_\_      Pager: \_\_\_\_\_

EDUCATION	High School	Vocational School	College/ University	Advanced Education
School Name				
City/State				
Yr. Graduated				
Degree/Area				

Military Experience	Branch	Highest Rank	Dates	Assignment
None				

Fire/Rescue Experience	Fire Department	City/State	Highest Rank	Assignment
None				

EMS Training	First Responder	EMT	EMT-A	Paramedic
None				

List all other training, hobbies, etc. that you may be willing to use in the **fire** service:

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Check the usual times when you would be able to respond to emergencies.

Available Time	Sun	Mon	Tue	Wed	Thur	Fri	Sat
6:00 am to noon							
noon to 6:00 pm							
6:00 pm to midnight							
<b>midnight</b> to 6:00am							

Do you have any medical conditions that would prevent you from doing the physically demanding work of firefighting?  
Yes No

Have you had a complete physical exam within the last two years? Yes No

List any allergies: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

After showing you the job description of a volunteer firefighter, do you know of any reason why you could not perform this work? Yes No

Do you have a vehicle that you can drive to training sessions and emergencies?  
Yes No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities?  
Yes No

Has your driver's license been suspended or revoked within the past five years?  
Yes No

Do you have health insurance coverage? Yes No

Do you have any felony convictions or DUI violations? Yes No

Do we have your permission to run a background check? Yes No

Are you willing to submit to a drug test? Yes No

In Case of Emergency, Notify \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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## REFERENCES

Name	Address	Telephone No.

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I live or work within 5 miles of the fire district of the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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*Fire Department Use Only: Reviewed DL Copied EMS Card SOG\_ Modules Listed Hep B Filed*