



# Ashland City Fire Department

An Equal Opportunity Employer

101 Court St., Ashland City, TN 37015

Phone: 615-792-4531 Fax: 615-792-7100

## Volunteer Membership Application

### **Personal Information** (Please print legibly)

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

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

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Have you ever been convicted of a criminal offense (misdemeanor or felony)? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

What times would you be available for calls? Day \_\_\_\_\_ Night \_\_\_\_\_ Weekend \_\_\_\_\_

**How did you find out about volunteering with the Ashland City Fire Department?**

\_\_\_\_\_

### **Education and Specialized Training**

Schools Attended	Name and Location of School	No. of Years Attended	Did you Graduate?
High School	_____	_____	_____
College	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____

Do you currently hold certifications in any of the following fields? If yes, please list dates, certification numbers, and place or department of certification:

Fire Suppression: No \_\_\_ Yes \_\_\_\_\_  
Rescue or Extrication: No \_\_\_ Yes \_\_\_\_\_  
Emergency Medical: No \_\_\_ Yes \_\_\_\_\_  
Hazardous Materials: No \_\_\_ Yes \_\_\_\_\_

Have you ever volunteered of work for Ashland City Fire Department or any other fire department? If so, list departments and dates you were a member?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Employment History**

List below the last three employers, starting with the most recent.

Name of Employer: \_\_\_\_\_ Years Employed \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Name of Employer: \_\_\_\_\_ Years Employed \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Name of Employer: \_\_\_\_\_ Years Employed \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

### **References**

List three persons you are not related to who have known you at least one year.

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_

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

**We're Quick - We're Trained - We're Nice**

# Authorization for release of information.

## Please Print Legibly

I authorize the Ashland City Fire Department to obtain any information relating to my activities from schools, employers, and criminal justice agencies. This information may include, but is not limited to, my academic and employment history, and criminal history record information.

Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I understand that the information obtained by the release of these records is for official use only. This authorization is valid for 2 (two) years from date signed.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_



**We're Quick - We're Trained - We're Nice**

After you complete this application, return by regular mail to:

**Ashland City Fire Department**

**PO Box 36**

**Ashland City TN 37015**

## INSTRUCTIONS FOR SUBMITTING APPLICATION

- 1) Save your application onto your computer. This program does not save a copy, so be sure and save or print one for your files.
- 2) Submit your application one of the following ways:
  - a. Print and mail to: Ashland City Fire Department, PO Box 36, Ashland City TN 37015.
  - b. Drop off at the Fire Department at 101 Court Street, Ashland City.
  - c. Fax to: 615-792-7100
  - d. To electronically submit:
    - i. Attach completed application to an e-mail and send to: [tknack@ashlandcitytn.gov](mailto:tknack@ashlandcitytn.gov)

Once your application has been received, it will be reviewed and you will be called in for an interview. If you have any questions, please don't hesitate to contact us at 615-792-4211, ext 245.