

NORTH HAINES VOLUNTEER FIRE DEPARTMENT

MISSION STATEMENT

The North Haines Volunteer Fire Department pledges to provide the best possible emergency service to the people of the North Haines Fire District to minimize suffering, loss of life, and loss of property incurred by fire, accidents, disasters, and medical emergencies. Our goal is emergency response with the highest quality training and resources available.

We also strive to be a pro-active organization and include activities to promote and encourage member training, community involvement, public relations, and fire & burn prevention education as well as encourage camaraderie in the ranks and the inclusion of family-oriented activities

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NORTH HAINES VOLUNTEER FIRE DEPARTMENT Inc.
P.O. BOX 72
RAPID CITY, SOUTH DAKOTA 57709-0072

APPLICATION FOR MEMBERSHIP
-PLEASE PRINT CLEARLY OR TYPE

Name: _____
(Last) (First) (M.I.)

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing address (if different): _____ Email Address: _____

How Long have you lived at this address? _____ How Long have you resided in this area? _____

If less than five years, where have you lived in the past five years?: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____ Text Paging (Y/N)

Occupation (Enter student if attending school): _____

Name of Employer or school: _____

Employer Address: _____

Name and phone number of your supervisor: _____

Will you be able to respond to emergency calls from work? _____

Do you have a valid driver's license? _____ Driver's License Number: _____ State: _____

Do you have any restrictions on the license? _____

Do you have reliable transportation (i.e. a car) available to respond to emergencies? _____

If no, explain: _____

If you own a vehicle, please list your liability carrier or agent, and expiration date on the premium:

_____ Beneficiary: _____

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Please list the person or persons to contact in case of an emergency:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

How did you hear about our organization? _____

Why do you want to become a member of our organization?

Emergency service is hard work – physically, mentally, and emotionally. Are you capable of performing the necessary requirements of this position in a safe manner? _____ If no, please explain how we may accommodate you?

Educational Background:

Do you possess a high school diploma or GED certificate? Yes _____ No _____

If yes, indicate name and location of institution and year of completion: _____

List all college and technical schools attended, dates of attendance, and degrees received:

Certifications:

Do you currently hold any firefighter/medical/first-aid certifications? Yes _____ No _____

If yes, please list certifications and expiration date (can also attach certificates)

Special Talents:

List any special talents or abilities you possess:

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Previous Emergency Services Experience:

If you have ever applied to, or been a member of, an emergency service organization previously, list below the agency name, complete mailing address and phone number, name of chief officer, length of service, date of separation, and reason for leaving. Be thorough!

References:

List three personal references, from the local area. DO NOT INCLUDE RELATIVES OR EMPLOYERS. Be sure to include phone numbers!

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Background information

Have you ever been convicted of arson or any felony crime? Yes _____ No _____

If yes, please indicate charge, date, location, court, and disposition:

List all misdemeanor violations, including traffic violations, within the past five years:

(Note: Conviction of a crime does not automatically bar you from membership.)

AUTHORIZATION FOR RELEASE OF INFORMATION

"I hereby make application for volunteer membership and certify that statements made on this form and any other material submitted with this application are true, under penalty of perjury. I understand that falsified information will be cause for denial of this application and termination of membership, as well as possible legal action. I hereby authorize the North Haines Volunteer Fire Department to investigate my statements and to do a background check. All employers, educational institutions, and references are hereby released from all liability which may result from furnishing such information." A PHOTOGRAPHIC COPY, XEROX COPY, OR SIMILAR REPRODUCTION OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Applicant's Signature: _____ **Date:** _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating based on race, color, national origin, age, disability, religion, sex, and familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington D.C. 20250-9410 or call (800) 796-2373 (voice) or (202) 720-6382 (TDD)"

CONFIDENTIALITY STATEMENT

"Confidentiality: Confidential information is information, of a proprietary or sensitive nature, about the North Haines Volunteer Fire Department, or any individual member, or the citizens we serve. During operations (be it normal day to day operations or at an emergency scene), officers or members may have access to confidential information. Confidential information will be transmitted only to those North Haines Volunteer Fire Department members who need the information to discharge their duties, or for the protection of those members involved. Any dissemination of confidential information without proper authorization will be considered serious misconduct and could result in suspension or dismissal.

"

I, the undersigned, have read and understand the confidentiality statement and agree to adhere to the conditions of the statement and respect the rights and privacy of others.

Name: _____ Signature: _____ Date: _____

**NORTH HAINES VOLUNTEER FIRE DEPARTMENT INC.
PO BOX 72
RAPID CITY, SD 57709-0072**

AUTHORIZATION AND RELEASE OF CRIMINAL RECORD INFORMATION

I (print your full name) _____, hereby authorize the following agencies to release to the North Haines Volunteer Fire Department Inc. any information concerning me contained in their criminal or driving history files:

- Division of Criminal Investigation for the State of South Dakota or any state where I have resided,
- Rapid City Police Department, or police departments of any city where I have resided.
- Pennington and/or Meade County Sheriff's Office, or the Sheriff's offices of any county where I have resided.
- Federal Bureau of Investigation
- Office of Special Investigations
- Motor vehicle records from any state that has issued a driver's license to me.

I understand that the criminal and driver history files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e., dismissed charges, or charges that resulted in a not guilty finding.) I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, and was discharged under SDCL 23A-27-17, or another state's corresponding law. I acknowledge that this type of information may be released even though this record is designated as "non-public" under the provisions of SDCL 23A-27-17.

In consideration for the above-named agencies releasing any information concerning me contained within their criminal and driver history record files to the North Haines Volunteer Fire Department. I on behalf of myself, discharge and agree to hold harmless the above-named agencies, the North Haines Volunteer Fire Department Inc members and their officers, directors, volunteers, and employees, from all liability for any claim of damages resulting from the release of this information.

ALL PHOTOGRAPHIC COPY, XEROX COPY, OR SIMILAR REPRODUCTION OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Applicant signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____