



Scott City Fire Department
 618 Main Street
 Scott City, MO 63780
 Station 1: 573-264-2126

Fire Chief Use: Date Rec'd: _____ Complete: _____ Initials: _____
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Application for Volunteer

The City of Scott City Fire Department values diversity in the department. To apply, please complete and submit this official application form. The application shall be completed in full. We may wish to contact you by mail, telephone, and/or email during consideration of this application. It is your responsibility to make sure contact information is correct and current.

Volunteer Category (s) Desired (Check all that apply. Page 6 for description): Firefighter/Rescuer EMS PR/Support

Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Are you a citizen of the United States? Yes No

Are you at least 18 years old? Yes No

If No, how old are you? _____ Current Occupation: _____

Driver's License Number: _____ State: _____ Class: _____

Has your driver's license ever been suspended and/or revoked? Yes No

If yes, please provide details and dates: _____

Have you ever been convicted of, or have you ever pled guilty or no contest to, a crime other than a minor traffic citation in court? Yes No

If yes, please provide details, where, and what was the outcome? _____

Please list any special skills, your interests, hobbies: _____

In two to three sentences, please tell us why you would like to join the Scott City Fire Department: _____

Emergency Contact Information

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Education

Name of Last High School Attended: _____
City: _____ State: _____
Last Grade Completed: _____ Diploma Received? _____ Date of Graduation: _____
Name of College of University: _____
City: _____ State: _____
Credit or Degree(s) Earned? _____
Foreign Languages Spoken/Read? _____

Employment

Current Employer: _____ Dates Hired: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Previous Employer: _____ Dates Employed: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Fire/Rescue/EMS Experience

Have you ever applied to SCFD? Yes No If yes, date applied? _____

Have you ever applied to another fire/rescue/ems department/squad? Yes No
If yes, please list the department(s) which you have applied to, the date applied, and the outcome: _____

Have you ever served on another fire/rescue/ems department/squad? Yes No

If yes, please answer below.

Department/Agency: _____ Dates of Service: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Chief's Name: _____ Phone: _____

Email: _____ Highest rank held: _____

Reason why you left? _____
(Required)

Fire/Rescue courses taken: _____

Fire/Rescue vehicles authorized to operate: _____

Fire/Rescue Certifications

Please check all boxes below for the certifications you currently hold in the State of Missouri. If you do not have any current certifications this will not affect our decision with your application. If selected, we will assist you with as much training as possible.

- | | | | |
|--------------------------|----------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Basic Fire Fighter | <input type="checkbox"/> | Driver/Operator Core |
| <input type="checkbox"/> | Firefighter I | <input type="checkbox"/> | Driver/Operator Pumper |
| <input type="checkbox"/> | Firefighter II | <input type="checkbox"/> | Driver/Operator Aerial |
| <input type="checkbox"/> | Hazmat Awareness | <input type="checkbox"/> | Driver/Operator Mobile Water Supply |
| <input type="checkbox"/> | Hazmat Operations | <input type="checkbox"/> | Technical Rescuer Core |
| <input type="checkbox"/> | Hazmat Technician | <input type="checkbox"/> | Technical Rescuer Rope I |
| <input type="checkbox"/> | Fire Officer I | <input type="checkbox"/> | Technical Rescuer Rope II |
| <input type="checkbox"/> | Fire Officer II | <input type="checkbox"/> | Swift Water Rescue |
| <input type="checkbox"/> | Fire Officer III | <input type="checkbox"/> | Incident Safety Officer |
| <input type="checkbox"/> | Fire Officer IV | <input type="checkbox"/> | Fire Investigator |
| <input type="checkbox"/> | Fire Service Instructor Level I | <input type="checkbox"/> | Fire Inspector Level I |
| <input type="checkbox"/> | Fire Service Instructor Level II | <input type="checkbox"/> | Fire Inspector Level II |
| <input type="checkbox"/> | Live Fire Instructor | | |

Relevant training you would like to make us aware of? _____

EMS Certifications/License

Please check all boxes below for the certifications/license you currently hold in the State of Missouri. If you do not have any current certifications this will not affect our decision with your application. If selected, we will assist you with as much training as possible.

- | | | | |
|--------------------------|------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Emergency Medical Responder | <input type="checkbox"/> | Family Nurse Practitioner |
| <input type="checkbox"/> | Emergency Medical Technician | <input type="checkbox"/> | Licensed Physician |
| <input type="checkbox"/> | Emergency Medical Paramedic | | |
| <input type="checkbox"/> | License Practical Nurse | | |
| <input type="checkbox"/> | Registered Nurse | | |

Relevant training you would like to make us aware of? _____

PLEASE SUBMIT A COPY OF ALL CERTIFICATES AND/OR LICENSE WITH THIS APPLICATION

References

Please list three-character references who you have known for at least three years. References cannot be employers and cannot be related to you. Please provide all information asked for and print clearly and neatly. **References may be contacted by command staff with the Scott City Fire Department and/or the City of Scott City.**

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Important Facts to Consider

Time commitment. Volunteering with SCFD requires a significant time commitment on the applicant's part. Members are required to attend a weekly training on Wednesday nights from 7pm to 10pm and will frequently be asked to help with community events. Time requirements require commitment on the part of the applicant and their family/significant others. We strongly encourage that the applicant considers the time commitment in terms of their families and/or significant other to ensure that they have their support and understanding.

It is not a glamorous job. Participation with the Fire/Rescue services is not necessarily for everyone. Depiction of the service on television series such as Third Watch, ER, etc..., though often based on real life situations, are not an accurate portrayal of what one necessarily does or observes in the Fire/Rescue Service. The work is physically strenuous and sometimes emotionally challenging. Service providers must deal with extremely noisy/dirty work environments and are exposed to unsightly/disturbing sights on a regular basis. The rewarding aspects of the service is the knowledge of a job well done, having the ability to help someone in need, and often having made a difference in someone's life. It is often a thankless job with few tangible rewards.

Categories of Membership

Any person eighteen (18) years of age or older, is eligible for membership in this Department, provided they meet all requirements set by the Department/City.

Fire / Rescue: This category includes manual/technical work in fire suppression, fire prevention, and rescue involving duties/responsibilities of an emergency with hazardous nature. This requires the highest level of sustained exertion and agility. Work involves exposure to extreme heat, dirt, low visibility and confined spaces, extreme heights, swift and standing water, disease, dismemberment, and other unpleasant conditions. Fire and Rescue members will be required to respond to fire alarms and other emergency or service calls, lift, carry, drag, lay and connect hose lines, appliances, hold nozzles and direct fog or water streams, extinguishers, bars, hooks, rope lines, ladders and other emergency equipment as necessary.

ALL FIRE/RESCUE MEMBERS ARE REQUIRED TO HAVE OR OBTAIN A MINIMUM OF:

- Cardiopulmonary Resuscitation (CPR) with AED through the American Red Cross.
- Basic Firefighter (36 hours)
- National Incident Management System ICS-100 (*online course*)
- National Incident Management System ICS-700 (*online course*)

EMS: This category is available for applicants who only wish to serve as Emergency Medical Services Personnel including: Emergency Medical Responder, Emergency Medical Technician, Paramedic, Registered Nurse, or physician. Members will be assigned to Emergency Medical Services duties and will be required to lift, carry and assist ambulance personnel on-scene. EMS members work closely with the North Scott County Ambulance District and/or other local mutual aid ambulance agencies.

ALL EMS MEMBERS ARE REQUIRED TO HAVE OR OBTAIN A MINIMUM OF:

- Cardiopulmonary Resuscitation (CPR) with AED through the American Red Cross.
- Have or obtain a minimum certification in Emergency Medical Responder.



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Certification and Release Authorization

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should the investigation disclose material misrepresentation, omissions, and/or falsifications, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be terminated. My signature on this application indicates I have read the job description for the position which I am applying for and I understand that the job of a firefighter/rescuer and/or EMS responder is physically challenging.

This is to certify that I, _____ (Full name) am an applicant for a volunteer position with the Scott City Fire Department and I do hereby authorize the release of any and all information to the Scott City Fire Department, Scott City Police Department, and/or the City of Scott City Administration as necessary for consideration for membership.

I also hereby understand my signature on this authorization is my permission/understanding that a full background investigation will be conducted by the City of Scott City. Such information obtained may include, but will not be limited to military records, volunteer records, employment records, education records, criminal records, driving records, transcripts, etc.

Further, I authorize the investigation of all statements contained herein, and direct the custodian of any of the records relevant to the confirmation of these to release such information necessary for verification. I further understand that the information obtained by the Scott City Fire Department during the application process may not be revealed to me should my application be rejected.

This original document is to be retained on file with the Scott City Fire Department and this authorization to release information shall expire from one (1) year of the date signed by me.

I have read and fully understand the statements above and my signature below agrees to these conditions above.

Driver's License#: _____ State Issued: _____ Class: _____ EXP: _____

Social Security#: _____

Print Name: _____ Phone#: _____

Signature of Applicant: _____ Date: _____



END OF APPLICATION





Application Review



(City/Fire Department use only)

Selected for Interview: Yes No

Interview Notes: _____

Fire Chief Approval: Yes No

Fire Chief Signature: _____ Date: _____

Pass MSHP Background Check Yes No Date: _____

City Council Appointment Yes No Date: _____

Pass Drug Screen Yes No Date: _____