



HERCULANEUM FIRE DEPARTMENT

151 RIVERVIEW PLAZA DRIVE
HERCULANEUM, MISSOURI 63048
EMERGENCY: 911 – BUSINESS: 636.475.3080 – FAX: 636.475.9572
WWW.HERCULANEUMFIRE.COM – E-MAIL: FIRE-RESCUE@HERCULANEUMFIRE.COM

FIREFIGHTERS ASSOCIATION OF MISSOURI

JEFFERSON COUNTY FIREFIGHTERS ASSOCIATION

OZARK FIREFIGHTERS ASSOCIATION

THE BACKSTOPPERS

NATIONAL FIRE PROTECTION ASSOCIATION

INTERNATIONAL ASSOCIATION OF FIRE CHIEFS

MISSOURI FIRE CHIEFS ASSOCIATION

JEFFERSON COUNTY FIRE CHIEFS ASSOCIATION

JEFFERSON COUNTY 911 DISPATCH

APPLICATION FOR MEMBERSHIP 14 – 18 YEARS OLD

Date of Application _____

INSTRUCTIONS

Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. In addition to completing this form, you may attach a resume detailing your professional, educational and social activities.

Name _____
First Middle Last

Address _____
Street City State Zip

How long have you lived at this address? _____

List two previous addresses and the dates you resided at the addresses:

_____ Date _____

_____ Date _____

Date of Birth _____ Social Security No. _____ - _____ - _____

Home Telephone No. _(____)_____ Cell Telephone No. _(____)_____

Email Address _____

Missouri Operator License No. _____ Class _____

Has your Missouri Operator License ever been suspended or revoked? Yes No

Type of vehicle(s) you drive and Missouri License Number

_____ Plate Number _____

_____ Plate Number _____

Do you have Automobile Insurance? _____ Company _____

PARENT / GUARDIAN INFORMATION

Name(s) _____ Home Phone No. ____ (____) _____

Address _____

Work Phone No. ____ (____) _____ Cell Phone No. ____ (____) _____

Emergency Contact (if different)

Name _____ Phone No. ____ (____) _____

Relation to you _____

Are you related to a member of the Herculaneum Fire Department?

 Yes No If yes, who:

EDUCATION

Name

Address

Phone

High School _____

Graduated? Yes No G.E.D.? Yes No

Grade Level 9(Freshmen) 10(Sophomore) 11(Junior) 12(Senior)

Are you maintaining a 'C' average or better? Yes No **Please attach a copy of your most recent report card.**

What experience do you have related to the fire service?

Attach copies of certificates, diplomas and licenses showing completion of training. Copies will not be returned.

EMPLOYMENT

Name and address of employer _____

How long have you been employed by this employer? _____

List the last 2 previous employers. List reason for leaving, start/end dates and job title:

1. _____

2. _____

VOLUNTEER EXPERIENCE

Name

Address

Phone

Agency _____

Supervisor's Name _____ Title _____

List job title, description of duties or work performed:

PHYSICAL CONDITIONWhat is your present physical condition? Excellent Good Fair PoorDo you have any physical limitation(s) that preclude you from performing firefighter responsibilities? Yes No

If yes, please explain:

MEDICAL HISTORY

Family Doctor's Name _____ Phone No. __ (____) _____

Address _____

Date of last physical exam _____

Do you have any medical condition(s) that preclude you from performing firefighter responsibilities?

Yes No If yes, please explain:

MISCELLANEOUS INFORMATIONAre you able to attend meetings and training on a regular basis (Wednesday 6:30-9:00)? Yes No If no, please explain

Have you ever been arrested? Yes No If yes, please explain _____

Why do you want to become a member of the Herculaneum Fire Department? _____

How does your family feel about you being a volunteer firefighter? _____

ACKNOWLEDGEMENT OF RULES AND REGULATIONS

Read the Junior Program expectations and rules at www.herculaneumfire.com

I do hereby promise to adhere to and abide by the rules and regulations set forth by Missouri Child Labor Laws, Herculaneum Fire Department, and Junior FF Program Guidelines. I understand that I am not to appear at a fire scene, training event or department function under the influence of drugs or alcohol. I agree to abide by all traffic laws when responding to an incident. I understand that it is the right of Herculaneum Fire Department to terminate this program at any time for any reason. Upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

X

Junior Applicant Signature

Date

PARENTAL CONSENT

My son/daughter _____ has my permission to be a Junior Firefighter with the Herculaneum Fire Department. I give my consent to allow them to be a Junior Firefighter and do not hold the Herculaneum Fire Department responsible for any actions caused by my son/daughter that is not under the direction of an officer.

I and my son/daughter have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. I and my son/daughter understand that Junior Firefighters serve as supporters of the Herculaneum Firefighters to learn the basics of firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instruction from members of HFD and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the Herculaneum Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this application we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Herculaneum Police Department.

X

Parent or guardian signature permission to participate

Date
