



Tyler Mountain Volunteer Fire Department, Inc.



5380 Big Tyler Road
P.O. Box 7537
Cross Lanes, WV 25356

Emergency Dial 911

Business Phone (304) 776-7963
FAX (304) 776-7861
E-Mail tmyfd23@earth1.net
Web Site www.tmyfd.com

APPLICATION (PRINT CLEARLY USE X WHERE APPLICABLE)

PLEASE CHOOSE:

APPLYING FOR: _____ **FIREFIGHTER** _____ **RAPID RESPONDER** _____ **JUNIOR (age 16 & 17)**
_____ **SUPPORT MEMBER** _____ **RESIDENT BOARD MEMBER**

PERSONAL INFORMATION:

NAME: LAST _____ FIRST _____ MIDDLE _____

ADDRESS: STREET _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER: HOME _____ **CELL** _____

E-MAIL: _____

DATE OF BIRTH ___ / ___ / ___ **AGE** _____ **GENDER** MALE / FEMALE

CITY, STATE & COUNTRY WHERE BORN _____

HEIGHT _____ **WEIGHT** _____ **HAIR COLOR** _____ **EYE COLOR** _____

SKIN TONE _____ **RACE** _____ **ETHNICITY** _____

SOCIAL SEC. # : ___/___/___ **DRIVER'S LIC. #** _____ **STATE** ___ **EXPIRES** ___/___/___

DRIVERS LICENSE CLASS _____ **MARITAL STATUS:** SINGLE / MARRIED / DIVORCED / WIDOWED

CONDITION OF HEALTH: GOOD ___ FAIR ___ POOR ___ **DO YOU HAVE ANY PHYSICAL OR MENTAL**

HANDICAPS YES ___ NO ___ **IF YES PLEASE EXPLAIN THOROUGHLY:** _____

HAVE YOU HAD THE FOLLOWING SHOTS

HEPATITIS: Y / N DATE: ___ / ___ / ___ TETNUS: Y / N DATE: ___ / ___ / ___

AUTO INSURANCE INFORMATION

INSURANCE COMPANY: _____

ADDRESS: _____ **POLICY #** _____

AGENT NAME / PHONE NUMBER: _____

BENEFICIARY: _____ **RELATIONSHIP:** _____

EMPLOYER:

NAME OF BUSINESS: _____ **ADDRESS:** _____

PHONE NUMBER _____

LIST ANY TRAINING, AND EXPERIENCE IN FIREFIGHTING OR EMS: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

NAME: _____ **RELATIONSHIP TO YOU:** _____

PHONE NUMBER: HOME _____ **CELL** _____

ADDRESS: STREET _____

CITY _____ **STATE** _____ **ZIP** _____

REFERENCES: (PLEASE LIST THREE, ONE REFERENCE A RELATIVE, AND TWO NON-RELATIVES)

1.) NAME: _____ RELATIONSHIP TO YOU: _____

PHONE NUMBER: HOME _____ CELL _____

ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____

2.) NAME: _____ RELATIONSHIP TO YOU: _____

PHONE NUMBER: HOME _____ CELL _____

ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____

3.) NAME: _____ RELATIONSHIP TO YOU: _____

PHONE NUMBER: HOME _____ CELL _____

ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____

REFERRED OR RECOMMENDED BY:

NAME: _____ RELATIONSHIP TO YOU: _____

Please submit with this application:

Copy of your current valid driver's license.

ANY previous training certificates as a firefighter or rapid responder.

I, the undersigned, acknowledge that all statements on this application are true and correct to the best of my knowledge. I further agree, that should I be accepted as a member of this department, I shall comply with all the standard operating procedures, rules, regulations and by-laws of the department.

I, understand further that I will be on probation until I am approved for regular status by the officers and Board of Directors of this department. While on probation I will be subject to the same disciplines as other members of this department. I understand that probation maybe revoked and

that I may be removed from this Department at any time during this probationary period.

I, understand that the Tyler Mountain Volunteer Fire Department may do a reasonable background

Check on me and I hereby give my permission to do so.

Applicant Signed: _____ Date: _____

I hereby certify that I am a Parent or Legal Guardian of the above applicant and have read and understand the standard operating procedures, rules, regulations, and by-laws of the department. I hereby permit my child to participate as a Junior of the Tyler Mountain Volunteer Fire Department and the applicant have a reasonable background check performed.

Parents or Legal Guardian (if under 18 years old)

Print Name: _____ Signed: _____

Date: _____ Relationship to Applicant: _____

Fire Chief's Comments and Recommendations:

**BOARD OF DIRECTORS/ OFFICE USE ONLY:
(PRINT CLEARLY USE X WERE APPLICABLE)**

PROBATIONARY FIREFIGHTER: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

PROBATIONARY RAPID RESPONDER: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

PROBATIONARY JUNIOR: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

PROBATIONARY SUPPORT MEMBER: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

FIREFIGHTER: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

RAPID RESPONDER: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

JUNIOR: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

SUPPORT MEMBER: APPROVED: _____ REJECTED: _____

SIGNED: _____, PRESIDENT

PRINT NAME: _____ DATE: _____

SIGNED: _____, FIRE CHIEF

PRINT NAME: _____ DATE: _____

REASON FOR REJECTION: _____

Updated: 12-22-19