



REASNOR FIRE & RESCUE

312 North Street
PO Box 16
Reasnor, IA 50232

Member Application Package

Thank you for your interest in becoming a member of the Reasnor Fire and Rescue Department. Volunteering is very demanding. It takes a lot of time and can be emotionally stressful. Please be sure that you can meet the commitment before you apply.

Please follow these steps to apply:

1. Fully complete the application
2. Applicant must be a person of good physical condition and moral character
3. Never have been convicted of a felony
4. Not addicted to drugs and or alcohol
5. Must have current Iowa driver's license at time of appointment
6. Applicant must have acceptable driving record
7. Applicant must live or work in or near the Reasnor emergency response district and be able to respond to alarms at various times
8. Sign the Certification and Agreement Form
9. Sign the Reasnor Fire Department Service Commitment
10. Attach a copy of your Driver's License
11. Attach a copy of all your certifications, CPR card, and any other relevant training
12. Direct any questions to the fire chief

Return the completed application package to:

**Reasnor Fire & Rescue
312 North Street
PO Box 16
Reasnor, IA 50232**

The Reasnor Fire & Rescue Department does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

Volunteer Job Description

General Information:

Reasnor Fire and Rescue responds to an average of 20 calls for service annually. Our fire district encompasses approximately 36 square miles with a population of about 600 people. The services we provide are fire suppression, emergency medical services, vehicle extrication, hazardous material response, and many others. Reasnor Fire and Rescue meets on the first Thursday evening each month. Members attend additional training and certification courses at the department's expense.

Purpose of Job:

The purpose of this job is to perform specialized duty work functions in preparing for and responding to fire/medical emergency calls and in providing general support within the fire department. Duties and responsibilities include maintaining readiness for emergency call response; responding to fire, medical, and related emergency calls when dispatched and taking proper action; educating staff and public on fire safety/prevention; and performing other tasks related to fire department activities.

Essential Duties and Responsibilities:

The following duties are normal for this job. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned. Responds to emergency calls for fire, medical, and other emergency situations. Removes individuals from dangerous/hazardous situations. Performs all activities necessary to suppress/extinguish fires. Assesses emergency medical problems and performs prescribed treatment as outlined and authorized. Performs code enforcement; maintains hydrants; provides education to the public on fire safety/prevention; provides tours of fire station facilities. Cleans/maintains fire stations, grounds, apparatus and other equipment; makes minor repairs/adjustments to apparatus and equipment. Operates machinery, equipment and light motor vehicles; ensures appropriate maintenance; may operate specialized fire vehicles/equipment (fire engines, trucks, pumps, etc.) with sufficient experience and training. Receives and/or prepares various documentation (forms, checklists, reports, correspondence, etc.); processes, completes, and/or forwards as appropriate. Responds to routine requests for information from officials, employees, and members of the staff, the public or other individuals. Participates in and conducts training classes. May be required to perform other duties as necessary.

Reasnor Fire & Rescue Member Application

Personal:

Date of Application: _____

Name: _____
Last
First
Middle

Address: (number & Street) _____
 (City, State, Zip Code) _____

Phone Number: _____ Date of Birth: _____

E-mail Address: _____ Gender: Male Female

Social Security Number: _____ DL Number: _____

Education:

School	Years Completed (circle one)	Diploma/Degree Earned	List School(s), City/State
High School	1 2 3 4	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College and/or Vocational School	1 2 3 4		
Other Training or Degrees			

Fire Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Professional Membership(s): _____

EMS Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Iowa Certification Number: _____ Expiration Date: _____

Professional Membership(s): _____

Record of Conviction:

Have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, fully explain: _____

A conviction will not necessarily automatically disqualify you for membership. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Employment:

Please list employment history, with your current employer first (including U.S. Military Service). If any employment was under a different name, indicate name.

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____

Supervisor: _____ Department: _____

(Check one) Full Time Day Shift Night Shift No. of Hrs. per Week: _____
 Part Time

Duties: _____

Reason for Leaving (If applicable): _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____

Supervisor: _____ Department: _____

(Check one) Full Time Day Shift Night Shift No. of Hrs. per Week: _____
 Part Time

Duties: _____

Reason for Leaving (If applicable): _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____

Supervisor: _____ Department: _____

(Check one) Full Time Day Shift Night Shift No. of Hrs. per Week: _____
 Part Time

Duties: _____

Reason for Leaving (If applicable): _____

Explain any gaps in work history (if any): _____

Have you ever been discharged or asked to resign from a job, or resigned to avoid termination?

Yes No If yes, explain: _____

Have you ever been an applicant or member of any fire or rescue agency? Yes No

If so, please state agency name, location, contact information, and dates of membership:

Describe any additional work experience, volunteering, community involvement, or training:

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State of Iowa Driving Record Check

Please Provide the Following information:
(Type or Print Legibly)

Last Name	First Name	Middle Name
Date of Birth	Gender	Drivers License Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Release: I hereby authorize the members of the Reasnor Fire & Rescue Department permission to conduct a State of Iowa Drivers License Check on myself.

Waiver Signature: _____

Date



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: NA
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Reasnor Fire and Rescue
312 North Street
PO Box 16
Reasnor, IA 50232

Phone: _____
Email: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

Applicant's Certification and Agreement

- ▶ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Reasnor Fire & Rescue Department, its officers, and or the agency board to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers, and to rely on and use such information as they see fit.
- ▶ I hereby release the Reasnor Fire & Rescue Department, its officers, members, and the agency from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Reasnor Fire & Rescue Department.
- ▶ I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.
- ▶ I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the department. However, I further understand that neither the policies, rules, regulations of membership or anything said during the interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and at will and that either I or the department may terminate my membership at any time with or without notice or cause.
- ▶ I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by the Reasnor Fire & Rescue Department, its officers, and or the agency board.

Signature of Applicant

Date

Printed Name of Applicant

Department Use Only: Do not write in this space.

Application received by:	
Date application received:	Date of interview:
Date voted to membership:	Six months probation end date:



Reasnor Fire & Rescue Service Commitment

I hereby commit to:

- _____ Provide volunteer on call service including days, nights, weekends, and holidays and agree to meet the minimum attendance requirements as established by the Reasnor Fire & Rescue Department.
- _____ Provide a minimum of 24 consecutive months of service.
- _____ Attend required monthly business and training meetings.
- _____ Maintain Fire & EMS certifications and complete all required skills drills.
- _____ Comply with the standard operating guidelines, policies, and procedures of the department and the direction of the command staff at all times.
- _____ Maintain patient confidentiality.

I understand membership is at-will, and may be terminated at any time with or without cause by Reasnor Fire & Rescue Department, its officers, and or the fire board trustees.

Signature of Applicant

Date