



LIBERTY AREA FIRE PROTECTION ASSOCIATION

768 North 260 Road
MOUNDS, OKLAHOMA 74047-6098

LIBERTYFIRE.ORG



VOLUNTEER FIREFIGHTER APPLICATION

Name: _____ Social Security # _____ D.O.B. _____

Drivers License Number _____ Email Address _____

Address: _____

Home Phone: _____ Work Phone: _____ Hours Available: _____

Do you have any previous firefighting experience? YES _____ NO _____

Department: _____ When: _____

Reason for Leaving: _____

Any Fire Training? _____ If Yes, what training, when and where: _____

Do you have any physical limitations? Yes _____ No _____ If Yes, Please explain: _____

Employer/Occupation: _____

Have you ever received Workers Compensation for an on the job injury? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a Felony? _____ If Yes, Please explain _____

In case of Emergency – Contact: _____ Phone: _____

Relation: _____ Address: _____

Contact: _____ Phone: _____

Relation: _____ Address: _____

By signing this application, I understand and agree to the following:

1. **Liberty Area Fire Protection Association** may obtain information about you from a consumer reporting agency through (**Shield Screening**) for Liberty Volunteer Fire Department purposes.
2. To submit to such physical examination as the Department may require either before or during my involvement with the Department.
3. I hereby authorize the Department to obtain from my employer or any other affiliates, any information which may be needed to evaluate this application, unless stated otherwise.
4. As a condition of my involvement with the Department, the Department may require any member to take polygraph exams, as the Department deems necessary, either prior to or during the course of my involvement.
5. The Department has the obligation to maintain both a safe and productive work environment. Due to this, the Department reserves the right to request any or all firefighters to provide urine and/or blood samples for the purpose of detecting use of alcohol or illegal non-prescription drugs.
6. I realize that the activities that I can expect to be involved in during my involvement with the Department are often hazardous and I agree to hold harmless the Department, its personnel , and all of its affiliates in the event that I should be injured while fulfilling the duties I may be assigned to or are expected to perform.
7. Nothing in this application or any of the Department policies may be construed as a guarantee of permanent membership in the Department
8. I hereby certify that the foregoing statements are, to the best of my knowledge, true and correct; and I agree that any misstatement or omission as to the material fact in this application or personal interview will constitute grounds for unfavorable consideration of my application or discharge from further involvement with the Department.
9. I agree to abide by all Department policies and procedures.

Signature

Date

Office Use Only	
Position: _____	Date: _____
Fire Chief: _____	Date: _____