



Bolivar City Fire Department

FDID 84001



PO Box 9, Bolivar, MO 65613
(417) 328-0276
bolivar_fd.tripod.com

Application **Volunteer Firefighter**

Please Type or Print

Name:

Address:

Are you 18 years or older?

Date of Birth:

SS#:

Phone#:

Do you have a valid Missouri operator's license?

How long have you lived in the City of Bolivar or the Bolivar Special Road District?

Previous address:

List the cities that you have lived in for the last three years:

Current employer:

Would you be able to leave work in the event of a major fire?

May we contact your employer for a reference?

How did you learn of the Bolivar Fire Department?

What training have you had that would be beneficial to the Bolivar Fire Department?

What other things have you volunteered for?

Due to the nature of our work as firefighters, we ask that you supply us with three references that would tell us about you.



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Please read the following carefully before signing:

I understand:

- 1) If my application is accepted by the Bolivar Fire Department, I will be required to serve a period of probation during which I will be evaluated as to my ability to serve as a full status member of the Bolivar Fire Department. At the end of the probation period, I will be re-evaluated as to my becoming a full status volunteer firefighter with the Bolivar Fire Department. It is possible that at the end of my probationary period I may not be accepted as a full status firefighter and my association with the Bolivar Fire Department may be terminated.
- 2) Photocopies are to be attached to this application showing my driver's license, Certificate of Insurance, and/or any other certificates I may have.
- 3) I am 18 years of age or older and a citizen of Bolivar living within the City Limits or the Special Road District.
- 4) The Bolivar Fire Department is a VOLUNTEER organization under the guidance of the Bolivar City Council, and I will receive no proceeds for myself other than the "volunteer firefighter pay" received from the City of Bolivar.
- 5) I am considered as an employee of the City of Bolivar when serving in the capacity of firefighter with the Bolivar Fire Department, and as such I shall represent the City of Bolivar and the Bolivar Fire Department in a professional manner.
- 6) I am responsible for my actions when driving any fire equipment and I must exercise all caution when responding to any emergency or training exercise. I will respond in a safe and prudent manner when responding in my own vehicle as well as Fire Department vehicles or equipment.
- 7) If accepted as a volunteer for the Bolivar Fire Department, I will attend at least 50% of the monthly training and general session meetings unless it conflicts with my employment or due to illness. I will notify the Fire Chief if my employment does conflict with meeting times.
- 8) I will follow the by-laws of the Bolivar Fire Department and follow the commands given by the Fire Chief or other officers of this organization.
- 9) Any false information or misrepresentation on this application is reason for rejection of this application and/or dismissal from the Bolivar Fire Department.
- 10) The Bolivar Fire Department and/or the Bolivar Police Department may verify my employment, volunteer experience, driving record, and/or criminal record through the appropriate agencies. The Bolivar Fire Department may also request further information or clarification as deemed necessary.
- 11) By signing this application, I do hereby give the Bolivar Fire Department or designee permission to investigate my record of employment, volunteer experience record, and to run a verification and/or record check on my driving and/or criminal record. Information received from these checks and verifications is to be held confidential by the officers and membership committee of the Bolivar Fire Department. I do have the right to review the findings of those checks and verifications by submitting a written request for review to the Fire Chief of the Bolivar Fire Department.

I do hereby attest that I have read in full this application for Volunteer Firefighter with the Bolivar Fire Department and do understand the agreements and obligations outlined in that application. I also attest that I have furnished to the best of my ability all information requested in that application.

Signature _____ Date _____

Witness #1 Signature _____

Witness #2 Signature _____



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This page is to be filled out by the membership committee:

Police Chief Acceptance: ___ Yes ___ No

Police Chief Signature: _____

Fire Chief Acceptance: ___ Yes ___ No

Fire Chief Signature: _____

Membership committee chairperson: _____

Membership committee member: _____

Membership committee member: _____

Voted on and accepted as trainee date: _____

Full time status date: _____

Comments: _____



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Bolivar, Missouri Police Department

Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer of the City of Bolivar, Missouri, and its Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records of educational institutions; financial or credit institutions; including records of loans; the records of commercial or retail credit agencies (including reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; current employment and previous employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; traffic and criminal history records, and records involving any incident where I have been convicted of a crime. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings, and photographs, whether on paper or stored/transmitted electronically.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release, may be considered in determining my suitability for employment by the City of Bolivar, Missouri whether the position sought is a paid or unpaid position, voluntary or educational in nature. I understand that (1) the Bolivar Police Department states that the use of such information will be in accordance with its employment policies and that such information will not be used for any other purpose other than for consideration of the undersigned as an employee of the City of Bolivar, and (2) this background investigation is required because of the nature of the particular position that I have made application for, in that it involves a sensitive position or that I may be working in an area where confidentiality and security is imperative. I also certify that any person(s) who may furnish any such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release any employee(s) of the City of Bolivar who conducts any part of my background investigation from any and all liability resulting from such investigation.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Printed full name

Legible signature

Date

Maiden name and/or all other names by which I have been known or have used

Current address of residence, including street and number, city, state, and zip code

Date of birth

Place of birth

Social Security Number

BPD FORM 005-FD