

Tipler Volunteer Fire Department



11102 Dream Lake Rd. • Tipler, WI 54542 • Phone: 715-674-2320 •
E-Mail: townoftipler@centurytel.net

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Date of Birth _____ Social Security Number _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies)

SECTION III Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available Mornings (Mon-Sun)

Afternoons (Mon-Sun)

Evenings (Mon-Sun)

Please select Preference(s): Fire Fighter Driver/Pump Operator Office/Admin Traffic Control Fundraising

SECTION IV

Do You Have A Valid WI Driver's License? Yes No License Number: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

SECTION V [References]

Please list three persons we may call.

Name _____

Phone _____

Address _____

Relationship _____

Name _____

Phone _____

Address _____

Relationship _____

Name _____

Phone _____

Address _____

Relationship _____

Comments: I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check. _____

If the department pays for training, I understand that I must commit to a designated time of service as determined by the department. **Please sign:**

Date Joined Dept. _____ Radio Serial # _____

Turn out Gear List: Helmet _____ Hood _____ Gloves _____ Jacket _____ Pants _____ Boots _____ ID

Badge _____ Radio _____ Flashlight _____ Wildland Suit _____

I have been issued the above gear that has been check marked and I understand that when I am no longer a member of this department or for any reason that I leave active membership due to dismissal, resignation, retirement, etc., that all gear must be returned or I will make monetary reimbursement for the value of the missing gear to the department.

By Signing and Dating This Document, I Agree To These Terms.

Signed:

Dated