Maxwell Fire Protection District

Volunteer Firefighter Application

Application Process

Thank you for your interest in becoming a volunteer firefighter with the Maxwell Fire Protection District. The following steps are required in the application process:

1) Fill out an application packet and submit to the Fire Chief, along with a current DMV Printout.
2) Interview with the Interview panel.
3) Attend three consecutive training nights. (1st and 3rd Wednesdays of each month)
4) Maxwell Volunteer Firefighters Association will discuss and vote on the applicant members' acceptance onto the department.
5) Pass Department of Justice and F.B.I. Background check.
6) Pass Physical Agility Assessment.
7) Pass Medical Examination given by Maxwell Fire Protection District selected physician. (The district will pay the cost of the medical Exam.)
8) Appointment by Fire Chief.
9) Begin one year training process (Probationary Period.) At the end of the Probationary Period, applicant will be reconfirmed by Command Staff.

Maxwell Fire Protection District

Volunteer Firefighter Application

Mission Statement

The mission of the Maxwell Fire Protection District is to serve and protect the citizens of the Community of Maxwell and the Maxwell Fire Protection District from all disasters, natural or man-made. To respond to all calls at all hours of the day and night with the highest professional level of service.

Firefighting is a commitment and shouldn't be taken lightly. Your fellow firefighters and community depend on you in a time of need. It takes hard work and dedication. You have to be prepared to meet people on the worst day of their life. The satisfaction you feel knowing you helped them through it is rewarding beyond measure.

Maxwell Fire Protecton District
Volunteer Firefighter Application

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

CONTACT INFO: _____

APPLICANT AGE: _____

U.S. CITIZEN: YES   NO (Circle)

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD OR SIMILAR ORGANIZATION?

YES   NO (Circle)   **How Long:** _____

NAME OF ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

POSITION HELD: _____

REASON FOR LEAVING: _____
_____

LIST ALL RELATED TRAINING YOU HAVE COMPLETED (If necessary, list on separate sheet)
_____
_____
_____
_____
_____

SCHOOL NAME: _____

HIGHEST LEVEL OF EDUCATION: _____

YEAR OF GRADUATION: _____

PERSONAL REFERENCES:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATION TO REFERENCE: _____

Maxwell Fire Protecton District
Volunteer Firefighter Application

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATION TO REFERENCE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATION TO REFERENCE: _____

Employment History:

Present Employer: _____

Employer Address: _____

Occupation: _____

Date Employed: From: _____ To: _____

Immediate Supervisor: _____

Supervisor Phone: _____

May we contact this Employer?   Yes   No (Circle) _____

Previous Employer: _____

Employer Address: _____

Occupation: _____

Date Employed: From: _____ To: _____

Immediate Supervisor: _____

Supervisor Phone: _____

May we contact this Employer?   Yes   No (Circle) _____

Requirements

1) Must be 18 years of age or older.
2) Must reside or work within the Maxwell Fire Protection District response area.
3) Upon acceptance as a volunteer firefighter, you must pass a Medical Examination given by the Maxwell Fire Protection District Physician.
4) Must have a valid unrestricted California Drivers License.
5) Must pass Department of Justice and F.B.I. background checks.
6) Must submit a current DMV printout along with signed application.
7) Must be able to perform job related duties as described in Volunteer Firefighting Job Description.
8) Must pass a physical agility assessment.
9) Must attend regular trainings and extra activities.
10) Must respond to emergency calls on a regular basis.
11) Must complete all steps listed on the Application Process.

I hereby make application for consideration as a Volunteer Firefighter of the Maxwell Fire Protection District. The information that I have given in this application is, to the best of my knowledge true and correct.

APPLICANT NAME:_____

APPLICANT SIGNATURE:_____

DATE SIGNED:_____