Santa Clara - Ivins Fire & Rescue

Volunteer Fire Department

Application for Volunteer Fire Fighter

MISSON STATEMENT

Our mission is the Protection and Preservation of life from fire, medical and environmental emergencies within our community through consistent training, code management, public education and rapid incident response with a positive attitude towards customer and community relations.

Requirements:

- Be at least 18 years of age.
- Must be a high school graduate or have a Graduate Equivalence Diploma (GED).
- Must Possess and maintain a valid Utah Driver's License.
- Must submit to a background investigation.
- Must be willing to submit to random drug screenings.
- Must be insurable under the requirements of the City of Santa Clara insurance policies.
- Must pass a written tests and a physical fitness examination.
- Must be interviewed by the membership panel.
- Must attend at least 75% of fire drills and 25 % of company fire calls.
- Must live within 2 miles of the fire response area during membership.

Thank you for your interest in the Santa Clara - Ivins City Fire Department.

General Information

Name (Last)	**(First)**	**(Middle Initial)**

Address (Mailing Address)	**(City)**	**(State)**	**(Zip)**

Home Telephone	**Cell Telephone**	**Work Telephone**	**Other Telephone**
( ) -	( ) -	( ) -	( ) -

E-Mail Address	Are you legally entitled to work in the U.S.? __ Yes __ No

Person to notify in case of emergency. Name (Last)	**(First)**	**(Middle Initial)**	**Home Telephone**
			( ) -

Address (Mailing Address)	**(City)**	**(State)**	**(Zip)**	**Other Telephone**
				( ) -

Have you been or are you now a member of the armed forces? __ Yes __ No	**Branch**	**Date of Entry**	**Release Date**

Type of Discharge:	Are you over the age of 21? __ Yes __ No

List Place(s) of residences for past 5 years:

List Place(s) of residences for past 5 years: Address (Mailing Address)	(City)	(State)	(Zip)
Address (Mailing Address)	(City)	(State)	(Zip)
Address (Mailing Address)	(City)	(State)	(Zip)

Current Employer:

Employer				Telephone Number ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone ( ) -
Job Title				May We Contact This Employer? __Yes __No
Specific Duties (Maximum 350 characters)				

List three (3) personal references:

Name	Address	Years Known	Telephone
Name	Address	Years Known	Telephone
Name	Address	Years Known	Telephone

Miscellaneous information

Have you ever been convicted of a felony? __Yes __No If yes, Explain:	Have you ever been addicted to or are now taking drugs? __Yes __No
Please list any languages spoken:	**Hours available for on call::**
Please list any special skills or training relating to fire or medical (Repelling, EMT, HAZMAT etc.):	
Do you have any disability which would prevent you from performing the duties of the job for which you are applying? ___ Yes ___ No If yes, Explain:	
Please explain why you wish to become a member of the Santa Clara City Fire Department:	

Please provide proof of citizenship in accordance with the immigration reform and control act of 1986 (IRCA). (Drivers license or other state approved ID)

By signing, I certify that I will uphold and obey the laws of the United States, The State of Utah, and the by laws, rules and procedures of the Santa Clara - Ivins City Fire Department to the best of my abilities. All information provided in this application is true and correct, omissions, falsification is grounds for dismissal. I hereby authorize an investigation into my background and agree to random drug screenings. I acknowledge that I have been made aware of my obligations and/or responsibilities for any items issued to me (patches, badge, radios, pagers, equipment, etc.).

Signature of Applicant_____ **Date**_____