

Ester Volunteer Fire Department
3570 Old Nenana Hwy
PO Box 229
Ester, AK 99725-0229



Phone 907-479-6858
Fax 907-479-9883
chief@esterfire.org

**General Membership Application
Volunteer Firefighter / Medic**

Dear Ester Volunteer Fire Department Candidate,

Before you fill out an application to become a member of the Ester Volunteer Fire Department, there are a few items to consider. When you become a volunteer firefighter, you are making a commitment to your fellow firefighters, to our department, and to the citizens of our fire service area. To help you better assess whether you are ready to make this commitment, you should ask yourself the following:

- **Am I willing to commit to attending departmental training sessions?** (We train EVERY Tuesday evening for 3 hours at the station. We also require several Saturday training sessions throughout the year, normally 4 Saturdays for at least 12 hours that day.)
- **Am I willing to respond to calls when I am available?**
- **Am I willing to respond to calls that occur at difficult hours?** (Many calls can happen at inopportune times, such as 2:00am.)
- **Am I willing to donate my time for other areas of the department such as; fundraisers, work parties, career days at area schools, or whatever other duties might be required?**
- **Will the department and my fellow firefighters be able to depend on me to become a valuable member of the Ester Volunteer Fire Family?**

If you answered, "Yes," please complete an application, come by and visit us.

If you answered, "No," to any of these questions or have any doubts, it doesn't mean you aren't cut out for this. You might want to come down in person and check us out and talk to some of the firefighters, observe some training and give it some more thought.

Our department is comprised of mostly of volunteers, Resident firefighters and a paid full time staff. We provide an ESSENTIAL service to our community and they are depending on us. Our department relies on our members to respond to ALL emergencies when possible. Without a strong commitment by each member, our team, our department, will not be able to provide this service.

Sincerely,

Tori Clyde
Fire Chief



Experience

Fire Experience (Field, classes, continuing education, etc.):

Driving Experience (Type of vehicles, terrain, weather, etc.):

Related Experience (Communications, dispatch, clerical, mechanical, etc.):

Other

Reason for applying:

Goals and expectations from the department:

Are you currently involved in other activities or organizations?:

What capacities are you most interested in volunteering? (fire, medical, support, technical, etc.):

Availability

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							



Records

Physical and Mental Health Requirement

Responders must be capable of performing arduous tasks in extreme settings under adverse conditions, high stress, and follow a clear system of command and control. In your current state of physical and mental health, are you able to accomplish various duties under these conditions performing fire ground operations (to include changing SCBA bottles, organize equipment, pull hose and other such activities). Yes No

In your current state of physical and mental health, are you able to pass a department approved physical agility test and OSHA approved physical? Yes No

Driving Record

Have you been convicted of a moving vehicle offense in the past five years? Yes No

If yes, explain.

Have you been the driver of a vehicle in an accident resulting in injuries or damages over five hundred dollars in the past five years? Yes No

If yes, explain.

Military Record

Have you served in the Armed Forces Yes No Type of Discharge:

Branch of Service: Date of Discharge:

Court Record

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, explain.

Do you have any legal action pending other than civil? Yes No

If yes, explain.

Emergency Contact 1:

Name: Relationship:

Address: Phone Number: () -

Emergency Contact 2:

Name: Relationship:

Address: Phone Number: () -



**Please read the following, and ensure your full understanding before signing and returning to the Ester Volunteer Fire Department.
If you have any questions, please feel free to contact the station at (907) 479-6858**

I understand that a background investigation and records check will be performed by the office of the Fire Chief for official department use. Any falsification will result in administrative action up to refusal of application and dismissal from the Ester Volunteer Fire Department.

I also understand and agree that if I am accepted as a member of the Ester Volunteer Fire Department, I will uphold and abide by the Memorandum of Agreement and Bylaws, and all department regulations and procedure. I agree and accept personal responsibility for any and all department gear, equipment and materials, which may be issued to me or placed under my care, up to and including monetary reimbursement for loss or negligence.

Applicant Name (Print)

Applicant signature

/ /
Date