

Ester Volunteer Fire Department
3570 Old Nenana Hwy
PO Box 229
Ester AK 99725-0029



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 things 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 three hours at the station. We also require several Saturday training sessions throughout the year, normally four Saturdays for at least twelve 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 2:00 AM.
- **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 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 department would not be able to provide this service.

Sincerely,

Jeff Conner
Fire Chief



For Administrative Use Only

Application Received:	By:	Date:	/ /
Application Scanned and Emailed:	By:	Date:	/ /
Member Application Approved by Officer Corps:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:	/ /

Please print clearly and return to the Ester Volunteer Fire Department in person or by mail, email or fax.	Mail	PO Box 229 Ester, AK 99725	Email	staff@esterfire.org	Fax	(907) 479-9883
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Personal Information

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: / / Today's Date: / /

Residential Address: _____

Mailing Address: _____

Home Phone: () - Cell Phone: () - Text Message Okay? Yes No

Email Address: _____

Current Employer: _____

Work Address: _____

Can we call you at work? Yes No

Can you respond from work? Yes No

Driver's License Number: _____ Issuing State: _____ Expiration Date: / /

Formal Academic Education

High School Diploma: Yes No GED: Yes No

College Degree: Yes No Some College: Yes No

College / University: _____

Major: _____ Degree: _____ Year: _____

Fire and Emergency Medical Service Education and Training

Certified Firefighter 1: Yes No Certified Firefighter 2: Yes No

Certified HazMat: Yes No Level: _____ Issuing State: _____

Certified EMT: Yes No Level: _____ Issuing State: _____

Certified CPR Provider: Yes No Below, please list training attended in the last five years.

(Please attach any certifications or training reports to this packet)



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