

Ester Volunteer Fire Department  
3570 Old Nenana Hwy  
Fairbanks, AK 99709



Phone 907-479-6858  
staff@esterfire.org  
PO Box 229  
Ester, AK 99725

**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 that 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 ALL calls when I am available?**
- **Am I willing to respond to calls that occur at difficult hours?** (Many calls 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?**
- **Does my spouse and or family understand the commitment of hours I am about to make, and do they approve of my decision?** (Without their support, you will not be a successful firefighter.)
- **Will the department and my fellow firefighters be able to depend on me to become a valuable member of the Ester Volunteer Fire team?**

If you answered, "Yes," please fill out an application.

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 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 depends on its 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 that service.

Sincerely,

Jeff Conner  
Fire Chief



Administrative Use Only			
Application Received:	Initials:	Date:	/ /
Chief Interview:	Initials:	Date:	/ /
Tuesday Night Training Attended: 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Date: / /	Initials:	Date: / / Initials:
Interview & 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 or email.	M a i l	PO Box 229 Ester, AK 99725	Email	staff@esterfire.org
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**Personal Information**

Last Name:	First Name:	M.I.
Date of Birth: / /	Today's Date: / /	
Residential Address:		
Mailing Address:		
Cell Phone: ( ) -	Text Message Okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:		
Current Employer:		
Work Address:		
Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you respond from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Driver's License Number:	Issuing State:	Expiration Date: / /
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**Formal Academic Education**

High School Diploma:	<input type="checkbox"/> Yes <input type="checkbox"/> No	GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Degree:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Some College:	<input type="checkbox"/> Yes <input type="checkbox"/> No

College / University:		
Major:	Degree:	Year:

**Fire and Emergency Medical Service Education and Training**

Certified Firefighter 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Firefighter 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified HazMat:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Issuing State:
Certified EMT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Issuing State:
Certified CPR Provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Below, please list training attended in the last five years:

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

**Experience**

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

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

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

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**Other**

Reason for applying:

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Goals and expectations from the department:

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Are you currently involved in other activities or organizations?:

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

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How will your family react to the time commitment of the fire department?:

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**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**

Name: Relationship:

Address: Phone Number: ( ) -

**Beneficiary**

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 procedures. 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