



Westwood Fire District

New Member Requirements

Date Application Picked Up:	_____
Applicant's Name:	_____

Application Received:	_____
Reference 1 Received:	_____
Reference 2 Received:	_____
Reference 3 Received:	_____
Personal Information Sheet Received:	_____
3 Address Cards Received:	_____

Committee Voting Date:	_____
For: _____	Against: _____
Committee Chairman:	_____

Commissioners Voting Date:	_____
For: _____	Against: _____
Chairman of the Board:	_____

Board Approval Date:	_____
Employment Date:	_____
Date Probation Ending:	_____



Westwood Fire District

Mission Statement

The Westwood Fire Department will provide fire protection and suppression to the Westwood Fire District to the level of training which has been received by its members and with the equipment provided to the department and provide a fire prevention program to the extent that is practical and to the best of our ability.

The Westwood Fire Department will provide basic assistance and/or a rescue program comparable to the training and ability of the members and to the extent that the equipment allows.

The Westwood Fire Department's mission is to assist the community in a manner required to the extent practical and feasible within the fire department's Standard Operating Procedures and/or guidelines.

The Westwood Fire Department's mission is to assist neighboring fire departments with mutual aid to the extent that the district protected by this fire department is not left in danger.

The Westwood Fire Department's mission is to obtain the latest in training techniques and firefighting techniques to the best of our ability and within our budgetary and practical allowances.

The Westwood Fire Department will be financially responsible with the district's money provided and the equipment owned by this fire department.

The Westwood Fire Department's mission is to maintain a fire department that this community can be proud of and to strive to bring no dishonor upon the fire department or the community served by it.



Westwood Fire District

Membership Application

<u>Date Issued</u>		<u>Date Completed</u>		<u>Date Returned</u>	
<u>First Name</u>		<u>Middle Name</u>		<u>Last Name</u>	
<u>Address</u>		<u>Phone Number</u>		<u>Is Phone Number Unlisted?</u>	
<u>Gender</u>	<u>Hair Color</u>	<u>Eye Color</u>	<u>Height</u>	<u>Weight</u>	
<u>Date of Birth</u>		<u>Blood Type</u>		<u>Social Security Number</u>	

Position Applied For

- Firefighter
- Driver/Engineer
- Tanker Driver
- Cadet
- Auxiliary
- Junior Auxiliary
- Communications
- Special Member

Emergency Contact Information

	<u>Name</u>		<u>Relationship</u>
	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
	<u>Address</u>		

Current Employment

<u>Present Employer</u>	<u>Address</u>	<u>Phone #</u>
<u>Job Description</u>	<u>How Long</u>	<u>Supervisor Name</u>

Previous Employment History

	<u>Employer</u>	<u>How Long</u>
1		
2		
3		
4		

Education (High School, College, Military, etc.)

	<u>Institution</u>	<u>How Long</u>	<u>Did You Graduate?</u>
1			
2			
3			

List any other emergency service organizations where you were/are a member

Use the back of this sheet for any other additional information



Westwood Fire District

Membership Application - Continued

List all criminal or traffic convictions

Date	Charge	Sentence
Use the back of this sheet for any other additional information		

Are you currently trained in CPR?

If no, would you be interested in receiving this training?

Have you had the vaccination for Hepatitis B?

If no, would you be interested in receiving this vaccination?

<u>Yes</u>	<u>No</u>

List any physical or medical conditions that require regularly scheduled medication

- 1 _____
- 2 _____
- 3 _____

Use the back of this sheet for any other additional information

List dates and describe any major medical problems such as heart attack, stroke, etc.

Use the back of this sheet for any other additional information

Are you allergic to any medications? If yes, please list below.

<u>Yes</u>	<u>No</u>

- 1 _____
- 2 _____
- 3 _____

Use the back of this sheet for any other additional information

I understand and agree that all information obtained from references, criminal history checks, information on this application, or obtained from other sources related to the screening process for membership in the Westwood Fire Department will be presented to the Board of Commissioners prior to acceptance into the department. I understand that falsifying or omitting any of the above requested information, information on the reference form, or information requested by an interview may result in this application becoming void and/or my membership being terminated.

I understand that if I am accepted as a member of the Westwood Fire Department, I do hereby agree to abide by all present and future rules, regulations, by-laws, and standard operating procedures of the Fire Department. I understand and agree that although this position is voluntary, I will perform all duties assigned to me by the officers of this organization and to perform these duties professionally and as safely as possible. I also understand that all procedures for becoming a member of the Westwood Fire Department must be completed before I can successfully be accepted as a member.

Signature:

Date:



Westwood Fire District

New Member Reference

Name of Applicant:

All references must be hand printed and signed by the person giving the reference.

All references must be mailed to the Westwood Fire Department.

The person giving the reference must have known the applicant for at least two years.

The person giving the reference must be at least eighteen years of age.

The person giving the reference must not be related to the applicant in any way.

The person giving the reference must complete all information requested below, otherwise the reference shall be considered void.

The person giving the reference must consent to being contacted either by telephone or in person for a personal meeting regarding the applicant.

<u>How long have you known this applicant?</u>
<u>How do you know this applicant?</u>
<u>Do you consider this applicant to be trustworthy?</u>
<u>Do you consider this applicant to be reliable?</u>
<u>This applicant may some day be in a position to save someone's life or property from fire. With the understanding that this life or property may be your own, do you recommend this person to be a member of the Westwood Fire Department?</u>

Printed Name:

Address:

City, State, Zip:

Telephone #: Is this phone number unlisted?

Signature: _____ Date: _____



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Address:

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Telephone #: Is this phone number unlisted?

Signature: _____ Date: _____

REQUEST FOR FELONY CONVICTION RECORD
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to HB 126, request is made for any record of conviction of a felony crime by the person identified herein. This information shall be released to:

Westwood Volunteer Fire Department 2039 Main Street Ashland, KY 41102

Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment, or acting as a volunteer, with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education,) an ambulance service (licensed by the Commonwealth of Kentucky,) or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Disaster and Emergency Services.) I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and KSP employees from any claim for damages arising from the dissemination of inaccurate information.

Applicant Information:

Name:

Last, first, middle, maiden

Sex:

Race:

DOB:

Soc. Sec. No.

Scars, marks, amputations:

Signature:

Date:

Witness:

Date:

INSTRUCTIONS

Requesting agency should ensure that all application information is completed.

Return forms to:

KENTUCKY STATE POLICE
RECORDS SECTION
1250 LOUISVILLE ROAD
FRANKFORT, KY 40601



Westwood Fire District

Driving History Release

I, _____, give the Westwood Fire Department permission to research my driving history. I understand that if my driving history reflects any violation of the standard operating procedures of the department, I shall not be allowed to operator any emergency apparatus for the Westwood Fire Department.

Signature of Driver: _____

Date: _____

Signature of Witness: _____

Date: _____



Westwood Fire District

Chapter 75 Release

Date: _____

I, _____ waive my rights to all proceedings under Chapter 75 for discipline for a period of two years. The two years shall expire _____.

I do this under my own free will and without threat or promise.

Witness: _____

Date: _____

Witness: _____

Date: _____