

CEDAR HILL FIRE PROTECTION DISTRICT

6766 CEDAR HILL ROAD
CEDAR HILL, MISSOURI 63016
(314) 285-3345

NEW MEMBERSHIP PROCEDURES

An application for membership for volunteer may be acquired from the duty officer or administrative offices at Cedar Hill Engine House No.1. The completed application may be returned to same and will be submitted to the Review Committee. The applicant (if 18 or older) is required to provide a record check from the Missouri State Highway Patrol (form provided). A drug screen test will also be required, scheduled and paid for by the district for all applicants over the age of 18 years before final approval of application. The Review Committee shall at least, semi annually no later than May 15th and November 15th, conduct an interview with the applicant and also outline their responsibilities and obligations to the Fire District. Junior Firefighters (age 14 -17) must have parent or guardian consent and must have one present during the interview process. The application is then submitted, along with interview comments and results, to the Chief and Board of Directors for review, approval, or rejection.

Upon approval by the Board of Directors the applicant will become a probationary recruit. A letter of approval will be sent to the applicant by the Secretary of the Board of Directors. Also, if the applicant is placed on a "waiting list" for an opening on the roster, they will be notified of such. The new member is then introduced to the membership at the appropriate organizations next regular meeting. Minimum attendance requirements are required to remain a member of the fire department and will be strictly enforced.

The probationary recruit will be contacted by the Department to set up further meetings and recruit training. Evaluations will be performed before completion of the recruit phase and before completion of the probationary period.

After the probationary period has been served, and approval by the Fire Chief, a brief ceremony will be conducted where they will be presented their badge, insignias, and permanent I.D. card at a Firefighter's Organization business meeting.

Terry C. Soer,
Chief

APPLICATION FOR MEMBERSHIP

CHECK ONE:

[] FIREFIGHTER - AT LEAST 18 YEARS OF AGE.

[] JUNIOR FIREFIGHTER - AT LEAST 14 YEARS OF AGE.

[] FIREFIGHTER AUXILIARY - MINIMUM 14 YEARS OF AGE.

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ SOCIAL SECURITY NO. _____

NAME OF NEAREST KIN: _____

ADDRESS: _____

DO YOU HAVE ANY HEART TROUBLE? _____

DO YOU HAVE ANY LUNG PROBLEMS? _____

DO YOU HAVE ANY OTHER PROBLEMS THAT WOULD IMPEDE YOUR
FIREFIGHTING ABILITY? _____

NAME OF REGULAR DOCTOR: _____ ADDRESS: _____

PHONE NO. _____ BLOOD TYPE: _____

EMPLOYED BY: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____ HOURS WORKED: _____

DRIVERS LICENSE NO. _____ DATE EXPIRED: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

IF YES, HOW MANY TIMES? AND REASON: _____

PLACE OF BIRTH: _____

NAMES, ADDRESS, AND PHONE NUMBER OF THREE (3) REFERENCES NOT RELATED TO YOU: REFERENCES MUST BE 21 YEARS OF AGE OR OLDER:

_____ PH # _____
_____ PH # _____
_____ PH # _____

HOW MUCH EDUCATION COMPLETED? CIRCLE ONE:

GRADE SCHOOL: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

ANY FIREFIGHTING EXPERIENCE? _____

ADDRESS LAST FIVE YEARS: _____

REASON FOR WANTING TO JOIN FIRE DEPT.

ANY OTHER INFORMATION YOU FEEL SHOULD BE CONSIDERED: _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. I UNDERSTAND THAT ANY FALSE STATEMENT MAY BE GROUNDS FOR DISQUALIFICATION FOR MEMBERSHIP, EVEN AFTER ACCEPTANCE.

DATE: _____ SIGNATURE: _____

IF A JUNIOR, PARENT OR GUARDIAN'S PERMISSION: _____
(signature)

DO NOT WRITE BELOW THIS LINE

APPROVED: _____ REJECTED: _____

REASON FOR REJECTION: _____

CHIEF: _____ BOARD OF DIRECTOR: _____ DATE: _____

EMERGENCY INFORMATION SHEET

NAME: _____

ADDRESS: _____

PHONE: _____ ADDITIONAL CONTACT PHONE: _____

NAME TWO (2) PEOPLE TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ PH # _____

NAME: _____ PH # _____

BLOOD TYPE: _____ MEDICATION BEING TAKEN: _____

DOCTORS NAME: _____

HOSPITAL TO BE TRANSPORTED TO: _____

ANY ADDITIONAL MEDICAL INFORMATION YOU FEEL SHOULD BE KNOWN
IN CASE OF EMERGENCY: _____

DATE: _____

APPLICANT RELEASE

In connection with my application for volunteer, I understand that Cedar Hill Fire Protection District will perform background and reference checks to obtain any and all information regarding my character, work habits, performance and experience, along with reasons for termination of past employment. Further, I understand that Cedar Hill Fire Protection District will be requesting information concerning my driving record and/or information from various federal, state and local agencies which maintain records concerning criminal offenses.

I hereby authorize without reservation, any party or agency contacted by Cedar Hill Fire Protection District to furnish all pertinent information regarding me, whether the information is of a professional or personal nature. Additionally, I fully release and completely hold harmless any such party or agency and Cedar Hill Fire Protection District from any liability or damages whatsoever relating to the disclosure or receipt of such information.

I understand that this means that I will not sue any party or agency for disclosing any requested information to Cedar Hill Fire Protection District, nor will I sue Cedar Hill Fire Protection District for requesting or receiving such information.

Printed Applicant Name

Signature of Applicant

Date

ACKNOWLEDGEMENT AND CONSENT

I understand that, in connection with my application for Junior Volunteer Firefighter, I am being required to submit to a lab test that screens for drug use. I authorize the release of the results of the lab test to Cedar Hill Fire Protection District. I consent to the test and I understand that the results of the test may preclude my acceptance by Cedar Hill Fire Protection District into the Junior Volunteer Firefighter program.

Applicant Date

Parent or Guardian of Applicant Date