

WILLARD FIRE PROTECTION DISTRICT

240 N. State Hwy Z, Willard, MO 65781

VOLUNTEER APPLICATION FORM

DATE: _____ EMAIL: _____

NAME: _____
LAST FIRST MI

ADDRESS: _____

CITY/ST: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ARE YOU EMPLOYED? YES [] NO []

PLEASE LIST YOUR LAST 3 EMPLOYERS, DATES OF EMPLOYMENT, AND CONTACT PHONE NUMBERS:

- 1) _____
2) _____
3) _____

DO YOU HAVE ANY PREVIOUS FIRE OR MEDICAL EXPERIENCE? YES [] NO [] IF YES, PLEASE GIVE DETAILS ALONG WITH ANY STATE CERTIFICATIONS YOU MAY HAVE:

WHICH AREA OF SERVICE ARE YOU MOST INTERESTED IN? FIRE [] MEDICAL [] BOTH []

WHAT TIME OF THE DAY OR WEEK WOULD YOU MOST LIKELY BE AVAILABLE FOR SERVICE TO OUR DEPARTMENT?

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY? YES [] NO []
IF YES, EXPLAIN:

DO YOU HAVE A VALID MISSOURI DRIVERS LICENSE? YES [] NO [] LICENSE # _____

LIST ANY CITATIONS WITHIN THE PAST 3 YEARS:

DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES [] NO [] IF YES, EXPLAIN:

PLEASE GIVE A BRIEF EXPLANATION OF WHY YOU WANT TO BE A VOLUNTEER FOR THE WILLARD FIRE PROTECTION DISTRICT:

REFERENCES (OTHER THAN RELATIVES) PLEASE LIST NAME, ADDRESS, & PHONE NUMBER:

- 1) _____
2) _____
3) _____

REQUEST FOR CRIMINAL RECORD

Please print or type.

NAME: Last First Middle Jr. / Sr.

MAIDEN/ALIAS: Last First Middle Jr. / Sr.

SEX: [] Male [] Female DOB: Month Day Year SOCIAL SECURITY NO:

RACE: [] Caucasian [] Black [] Hispanic [] Asian [] Other

ADDRESS:

CITY: STATE: ZIP CODE:

REQUESTING ENTITY

NAME: PHONE:

ADDRESS:

ENTITY TYPE: [] Govemment [] Private [] Association [] Individual
[] Municipal [] Profit [] Stata [] Federal [] Not for Profit
[] Other (specify)

PURPOSE FOR REQUEST: [] Employment [] Volunteer [] Licensing [] Other (specify)
(Check all that apply) [] Care of youth [] Care of elderly [] Care of disabled

ATTENTION YOUTH SERVICE PROVIDERS
Sections 43.540 and 589.400 RS Mo

This Criminal History Record Check Document, signed by the applicant, will serve as written consent to check criminal record and offender information by the requestor. The information obtained shall be confidential and any person who discloses the information beyond the scope allowed in Sections 43.540 and 580.400 RS Mo. shall be subject to prosecution for a class a misdemeanour.

Signature of Subject of Request

Date