

EXPLORER

MEMBERSHIP APPLICATION

10965 E. State Highway 76
Branson West, MO
417-272-1510



Station Assignment _____
ID Number _____

Southern Stone County Fire Protection District
Application for Volunteer Firefighter

PERSONAL INFORMATION

Name: _____

Address: _____

Mailing Address: *(If different)* _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Social Security #: _____ Drivers License #: _____ Copy Attached? _____

Convicted of Criminal Offense(s)?: _____ If "Yes," provide details of any and all convictions: _____

Do you own a vehicle? _____ Insured?: _____ Attach copy of proof of insurance: _____

High School Diploma? _____ G.E.D.?: _____ Attach copy of diploma or equivalent: _____

Related Experience

Ever served on a Fire Dept. or District?: _____ Date(s) of Service: _____

Name of Department/District: _____

Current Certification(s), if any: _____

Previous Fire Training: _____

Any other relevant training and/or specialized equipment operation experience?: _____

Comments: _____

I hereby certify that the information provided in the Application for Volunteer Firefighter ("Application") is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this Application, as determined necessary by the District. I further understand that any false and/or misleading information provided in my Application shall constitute a falsification of a district document and may result in my ineligibility for employment, or, if discovered following my employment, in my discharge. If employed, I understand that I am required to abide by all the rules and regulations of the District, and that my relationship with the District shall be considered to be of an "at will" nature.

Signature: _____ Date: _____