

# Yorktown Fire Department

## Application for membership as a volunteer firefighter

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Yorktown, IN 47396

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### Introduction:

Thank you for showing interest in applying to the Yorktown Volunteer Fire Department. Currently our fire department serves approximately 35 square miles of territory and 20,000 residents. This includes but is not limited to providing fire, rescue and a non-transport emergency medical service. Currently our department averages approximately 800 – 1000 calls per year.

### To be considered for membership, all applicants must:

- Be at least 18 years of age
- Possess a valid driver's license
- Be of good mental and physical health
- High school diploma or G.E.D. or in process of obtaining one
- Pass a physical examination
- Pass a comprehensive background check
- Pass a toxicology screen

### Fire department participation requirements:

All members must:

- Follow all department guidelines and operating procedures
- Participate in scheduled station duties
- Attend at least one of two monthly meetings – meetings are held each month on the first Sunday at 9:00 AM and the third Monday at 7:00 PM.
- Participate in the equivalent of 10% of responses per month; responses are based on either pulling hours on station between 6 A.M. and 10 P.M. or responding to a call
- Work two overnight shifts each month between the hours of 10 P.M. and 6 A.M.; members have some flexibility in choosing the nights

Members of the Fire Department are also members of the *Yorktown Volunteer Firefighter's Association*. The purpose of this organization is to support the fire department and the community.

### In addition to the Fire Department requirements above, Association members must:

- Attend one of two meetings every month (scheduled with the Fire Department meeting)
- Attend community based projects (Fire and Ice 5k, etc.) as required
- Pay annual dues of \$24

### Training Requirements:

#### At time of appointment:

- Mandatory Firefighter
- Hazardous Materials Awareness & Operations
- CPR, S.I.D.S. and Bloodborne Pathogens

#### Within 3 months of appointment:

- National Incident Management System courses  
100, 200, 700, and 800

#### Within 2 years of appointment:

- First Responder within 2 years of hire date
- Firefighter I / II within 2 years of hire date

#### Other:

- Minimum of 2 hours of fire training per month (minimum of 24 hours per year)

No prior experience is required and these classes will be offered at the Fire Department's expense. Applicants with current certifications in these or other fire/medical areas should include documentation with this application. Some or all of the above training may be waived for those applicants with current certifications.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_ Issue State: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Cell#: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 City, county, and state of birth: \_\_\_\_\_

**Employer Information:**

Current Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Years of Employment: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Years of Employment: \_\_\_\_\_

**Reference Information:**

Please provide the names of two people not related to you who can speak to your character and/or ability to perform as a firefighter.

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

**Fire Department Availability:** (please mark the hours you would be available in each)

Weekdays: \_\_\_\_\_ Nights: \_\_\_\_\_ Weekends: \_\_\_\_\_

**Answer the following:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you believe you are physically able to perform the duties of a fire fighter?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to undergo a medical examination at the fire department's expense?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to submit a blood or urine specimen for substance abuse testing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you now or have you ever been in the military?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any prior firefighting experience or medical training?<br>(If yes, please attach proof of certifications)<br>With what department(s)? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been arrested; including traffic offenses?<br>(If yes, please provide detailed information on a separate sheet.)                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a misdemeanor or felony?<br>(If yes, please provide detailed information on a separate sheet.)                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How did you hear about being a volunteer with this fire department?   | _____                        |                             |

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Application Date: \_\_\_\_\_

**The process for becoming a full member of the Fire Department consists of 7 steps:****1. *Submit application and all requested information***

Please use this checklist to ensure you have all necessary information:

- Completed application
- Make sure the application is signed and dated
- Write your name and the date you submitted your application in the box on the right side of each page
- Copy of driver's license  Copy of birth certificate
- Copy of high school diploma or equivalent (if you possess one)
- Copies of any fire or medical certifications (if applicable)

**2. *Classroom lecture***

Part of your training will be in the form of a classroom lecture. It is recommended that detailed notes be taken. Parts of each test will directly correlate to the presentation.

**3. *Practical Skills***

All skills are pass / fail. Each candidate will have 2 attempts at each portion of the practical exam. Any candidate failing to complete any of the practical skills on the second attempt may not be allowed to continue in the class and the applicant being removed from consideration.

**4. *Written Testing***

Candidates will take written tests over each section of the class. Any candidate failing any test shall have the opportunity to retest. All testing will follow and adhere to the recommendations and guidelines set forth by the Indiana Department of Homeland Security. Passing all tests is required for successful completion of the class and membership on this fire department.

**5. *Background Investigation***

A background check will be completed for each applicant. This will include a thorough investigation into any misdemeanor, felony, civil, and/or criminal actions. Information learned during this process may result in an applicant not being appointed.

**6. *Physical examination***

All candidates will be required to pass a physical examination. The cost of the examination will be paid for by the Fire Department. To comply with the Fire Department's drug testing policy you shall be required to pass a drug screening test through urinalysis or CVC testing. Any candidate failing any portion of the physical examination may not be appointed.

**7. *13 month probationary period***

Once the previous seven steps have been successfully completed, the applicant will be accepted as a member of the Fire Department and the Association. Each new member, regardless of prior experience, will be considered a probationary member for the first 13 months. During this period, a member can be removed at any time if performance is not deemed appropriate.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

After reading all information in this application packet, please read the information below, write your name in where indicated, and then sign and date below.

Each candidate successfully completing the entire application process will be appointed as a firefighter with the Yorktown Fire Department. Each member of the Department will also be a member of the Yorktown Volunteer Firefighter’s Association. The Association is a non-profit, nondiscriminating, equal-opportunity organization benefiting our community and the Fire Department with fund-raising activities and events throughout the year. Each new member shall receive a copy of the Association By-Laws which govern membership requirements. Also, each member will receive a copy of the Fire Department’s Standard Operating Procedures.

Appointment of applicants shall be based upon the Fire Department’s needs, i.e.: shift availability, number of positions available, etc. After approval and placement each member must agree to follow all Department and Association rules, regulations, and procedures. Any member failing to do so will be subject to disciplinary action up to and including termination.

I, \_\_\_\_\_ (name of applicant), have thoroughly read the information in this application and understand the training and other requirements to become a member of the Yorktown Fire Department and Association. I also give permission to the Fire Department to contact my references and complete all necessary background checks outlined here.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**All four pages of this application must be submitted along with requested supporting documentation.** Please refer to the checklist on page 3 to ensure all necessary information is submitted.

It is recommended that the applicant keep a copy of the application materials for their own records. No portion of this application or supporting information will be returned to the applicant.

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Application Date: \_\_\_\_\_