



Haines Volunteer Fire Department

P.O. Box 849 Haines, Alaska 99827 907 766-2115

VOLUNTEER APPLICATION

Check your company(s) of interest: Fire Engine EMS SAR

M F

Your Name: _____ Occupation: _____

Residence Address: _____ Soc. Sec. #: _____

Mailing Address: _____ AK Driver's Lic. #: _____ CDL - Y N

City: _____ State: _____ Zip: _____

Phone #. Home: _____ Work: _____ Cell: _____

Current permanent resident of the Borough of Haines since: _____

List any prior first responder experience: _____

Specialized training: _____

Equipment you can operate: _____

Current Employer: _____ How Long? _____

Contact person: _____ Relationship: _____

Contacts Home Phone # _____ Work # _____ Cell # _____

LIST THREE LOCAL REFERENES:

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Background History Have you been convicted or sentenced for any violations in the past 10 years? Yes No
 (If Yes, Please include a short explanation on a separate piece of paper) Unreported background may lead to expulsion.

Applicant Signature: _____ Date: _____

Sponsor: _____ Sponsor signature: _____

I have read and understand the By-Laws & procedures for the HVFD and agree to abide by them.

The completed original application, with required attachments & Sponsor, must be received and approved before participating in any Department activity other than as a meeting guest.

BE CERTAIN TO COMPLETE THE QUESTIONNAIRE ON THE REVERSE SIDE.

Committee Action ~ Approved Disapproved ~ Date: _____ Voted on: _____
 Committee Member Initials _____

Personal Data: Have you or any member of your family ever had:

	Y	N	If yes, please explain (include relationship)
Heart or Vascular Disease			
Epilepsy / Convulsions			
Mental Illness			
Cancer			
Tuberculosis			
Diabetes			

Personal Medical History: Have you had or been treated for:

(Please answer all questions)

	Y	N		Y	N
1			17	Skin Rash	
2			18	Heart Problem	
3			19	Varicose Veins	
4			20	Metal Poisoning	
5			21	Polio	
6			22	Thyroid Problem	
7			23	Back Problem	
8			24	Disc Problem	
9			25	Ear Problem	
10			26	Lung Problem	
11			27	Fainting / Dizzy spells	
12			28	Blood Clotting / Anemia	
13			29	Liver/Gall Bladder Problem	
14			30	Stomach Problem	
15			31	Digestive Problem	
16			32	Other Problems/Conditions	

Explain any you checked YES on a separate piece of paper, [by number].

Disabilities

	Y	N
Do you have any physical defects of any partial disabilities?		
Do you have any condition that may require a special work assignment?		
Have you ever filed or received benefits for an occupational injury or accident?		
Have you ever received benefits for a partial disability?		

Physical Ability & Working Condition Questionnaire

This form was designed for your personal safety. Management must be assured that you are placed on a job which can match your physical capabilities. This form will be kept confidential except for review by supervisors, safety, medical or department officials who have need for this information. Please review to make certain that all information you provide is absolutely correct.

(A) means you would have no performance problems.

(B) means you would have limited or minimal performance problems

(C) means you absolutely cannot perform the physical activity of conditions required.

Working Condition Requirements

	A	B	C		A	B	C
Exposure to inside temp extremes	○	○	○	Wear chemical resistant clothes	○	○	○
Exposure to outside temp extremes	○	○	○	Wearing safety belts & lifelines	○	○	○
Dampness	○	○	○	Wearing earplug / muffs	○	○	○
High humidity	○	○	○	Wearing respirators	○	○	○
Noisy work area	○	○	○	Wearing rubber / plastic gloves	○	○	○
Work at heights	○	○	○	Wearing rubber boots	○	○	○
Work in confined space	○	○	○	Wearing safety shoes	○	○	○
Work in crowded area	○	○	○	Wearing heat resistant clothes	○	○	○
Work in water	○	○	○	Working inside tanks/manholes	○	○	○
Working alone	○	○	○	Working with solvents	○	○	○
Exposure to intense light	○	○	○	Exposure to x-rays	○	○	○
Work with electricity	○	○	○	Exposure to other radiation	○	○	○
Fighting fires	○	○	○	Working long hours	○	○	○
Exposure to noxious order	○	○	○	Emergency response at night	○	○	○
Work on ladders or scaffolds	○	○	○	Emergency response during day	○	○	○
Work in remote locations	○	○	○	Emergency response on weekends	○	○	○
Wearing hard hats	○	○	○	Exposure to smoke	○	○	○
Wearing safety glasses	○	○	○	Climbing ladders	○	○	○

IMPORTANT - PLEASE READ AND SIGN BELOW

I hereby certify that the above information contains no misrepresentations or falsifications concerning my past health and working condition history. I am full aware that any misstatements of material facts may cause the rejection of my application and/or I may be terminated for falsification of any information entered on this form by me.

Date: _____ Signature: _____