



Andersonville Volunteer Fire Department
(865) 494- 0563 Fax (865) 494-0473



Application for Membership

Date completed: _____ Accepted _____ Denied _____ Date: _____

Personal Information:

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City, State & Zip code: _____

Phone: _____ Cell: _____ Email: _____

Social Security#: _____ Date of Birth: _____ Age _____

DL# _____ Class _____ Endorsements _____ Restrictions _____

Male: _____ Female: _____ Spouse's Name (if applicable): _____

Employer Information:

Employer: _____

Address: _____ Phone: _____

Position: _____ Supervisor: _____ Years employed: _____

Medical History:

Any physical limitations: Yes or No

If yes, please explain: _____

Medications (if any): _____

Doctor's Name: _____ Phone : _____

Medical problems / allergies: _____

Emergency contact: _____

Relationship: _____ Phone: _____

What position are you applying for?

_____ Firefighter

_____ EMS

_____ Junior Firefighter

_____ Auxiliary Member

_____ Reserve Firefighter

_____ Fund Raiser



Please list any previous emergency service experience:

Agency:

Position:

Length of Service:

Please list any certifications or licenses that you currently hold. (not required) _____

Why do you want to join Andersonville Volunteer Fire Department? _____

Have you ever had any police violations or charges? Yes or No

If yes, please explain _____

Have you every had your driver's license suspended or revoked? Yes or No

If yes, please explain _____

Do you give AVFD permission to process background check from Anderson and Knox counties? Yes or No

List three references (other than relatives)

Name

Address

Phone

Information for applicants

Please read and sign below acknowledging that you have read and understand these requirements.

Voting process

Business meetings are held the first Monday of each (excluding holidays).

You are requested to be present and submit your application at a business meeting.

We will process your background check and vote on you at the next business meeting.

You are asked not to attend the meeting at which the vote will be held.

You will be notified of the decision made.

New members

Once accepted you will be subject to a 90 day probationary period.

During the probationary period:

You will not be provided keys or the door code to either station.

You will not be allowed to operate any AVFD vehicle (Age and training requirements must also be met)

Expectations:

Firefighter / EMS – Must attend 50% of meetings, fundraisers and calls. Must also commit to the required minimum of 40 hours per year of training.

Auxiliary and Junior Members – Must attend 50% of meetings and fundraisers.

Print Name: _____

Signature: _____

Date: _____