

MULVANE EMERGENCY SERVICES

Fire Reserve Application

For applicants 14 -18 years old



ISO Class 3

Today's Date: _____

Applicant's Name: _____

Date of Birth: ____ / ____ / _____ (mm/dd/yyyy)

Driver's License Number: _____ **(Attach Copy)**

Home Address: _____

City, St, ZIP: _____

Home Phone: _____ Cell Number: _____

E-mail: _____

PARENT / GUARDIAN INFORMATION

Name(s): _____

Home Phone: _____

Work: _____ Cell: _____

Emergency Contact (if different):

Name: _____ Phone number: _____

Relation to you:

Are you related to a member of Mulvane Fire/Rescue? **Yes No**

If so, who? _____

MEDICAL INFORMATION

Your Doctor's Name and Phone:

Are you on any Medications? NO YES (List below and what is being treated)

Are you allergic to anything? NO YES (List Below)

Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of a Reserve Firefighter? **No Yes**, (If yes explain)

BACKGROUND INFORMATION

School Attending: _____

Grade Level: 8 9 10 11 12

Are you maintaining a 'C' average or better? **Yes No**

What interests you about becoming involved with Mulvane Fire / Rescue?

Are you able to attend meetings and training on a regular basis (most are Thursday nights from 6:30 – 10 pm)? **Yes No** (If no, why?)

Have you ever been arrested, ticketed or fined? **No Yes** If so, list the date and charge:

WORK INFORMATION

Current Employer: _____

Address: _____

Phone: _____

Your position/title/duties: _____

Supervisor Name/Title: _____

REFERENCES

We would like at least two people who are not related to you and who have a definite knowledge of your qualifications for membership in the fire service. Do not repeat names listed above.

Friend, Co-worker, Friend of family, etc:

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

Teacher, school official, religious leader, etc:

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

Read the Fire Reserve Bylaws at:

<http://www.mulvaneemergencyservices.org/Reserves.htm>

I do hereby promise to adhere to and abide by the rules and regulations set forth by Kansas Child Labor Laws, Mulvane Fire Rescue, and Reserve FF Program Bylaws. I understand that I am not to appear at a fire scene, training event or department function under the influence of drugs or alcohol. I agree to abide by all traffic laws when responding for an incident. Upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

X _____
Reserve Applicants Signature **Date**

PARENTAL CONSENT

My son/daughter _____ has my permission to be a Reserve Firefighter with the Mulvane Fire Department. I give my consent to allow them to be a Reserve Firefighter and do not hold the Mulvane Fire Department responsible for any actions caused by my son/daughter that is not under the direction of an Officer. I and my son/daughter have read ALL of the Reserve Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Reserve Firefighters. I and my son/daughter understand that Reserve Firefighters serve as supporters of the Mulvane Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Reserve Firefighters are to follow all instructions from members of Mulvane Fire Department and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Reserve and Regular) and to all citizens as they are representing the Mulvane Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this application we are declaring that any violation of the guidelines is grounds for immediate dismissal.

The City of Mulvane's workers compensation insurance does not cover the Fire Reserve program. Initial medical insurance must be carried by the parents of the Fire Reserve member. Mulvane Firefighter's Relief Association has secondary insurance which will pay costs not covered by primary insurance policy.

X _____
Parent or guardian signature allowing permission to participate. **Date**