



Dear Inquiring Citizen:

Thank you for your interest in volunteer service with the Daphne Fire Department. The Daphne Fire Department has a rich tradition and continues to strive for the protection of life and property for the citizens of Daphne and surrounding area, when requested.

To be eligible for membership, an applicant must have the physical, medical and mental ability to perform the required duties, be 18 years of age or older, be insurable by the City of Daphne's liability insurance carrier, complete a drug screen and return satisfactory results from the City of Daphne's Human Resource Department's background investigation and drug screen. *Note: Persons under the age of 21 are not allowed to drive City of Daphne vehicles.*

In order for your application to be considered complete, **ALL** of the following items are required:

- Completed application
- Copy of the applicant's current Alabama driver's license
- Signed Drug and Alcohol Policy Consent/Release Form (the Policy is yours to keep)
- Signed Background Investigation Consent Form

Once all requirements have been met, the applicant will be contacted to begin the process of training and the issuance of uniforms and equipment.

Again, thank you for your interest in the Daphne Fire Department.

Sincerely,

LeAnn Tacon  
Fire Chief

**DAPHNE FIRE DEPARTMENT  
VOLUNTEER FIRE FIGHTER APPLICATION**



After completion and submittal of this application, you will be contacted by the City of Daphne Human Resources Department to schedule a drug screening and any additionally needed information. *If you do not complete any part of the application process, we cannot accept your application.* After the drug screen has been completed you will be contact by the Daphne Fire Department to begin training, and the issuance of uniforms and equipment.

**(PLEASE PRINT)**

|   |  |        |                            |      |           |                        |                     |       |          |
|---|--|--------|----------------------------|------|-----------|------------------------|---------------------|-------|----------|
| Last Name   |  |        | First                      |      | MI        |                        | Date of Application |       |          |
| How did you hear about us?  |  |        |                            |      |           |                        |                     |       |          |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative (Name: _____) <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____ |  |        |                            |      |           |                        |                     |       |          |
| Address Number  |  | Street |                            |      | City      |                        | State               |       | Zip Code |
| Telephone Number(s) Home  |  |        |                            | Work |           | Cell                   |                     | Email |          |
| Date of Birth   |  |        | AL Driver's License Number |      |           | Social Security Number |                     |       |          |
| <input type="checkbox"/> Married <input type="checkbox"/> Single  |  |        | Hair Color                 |      | Eye Color |                        | Height              |       | Weight   |
| In case of emergency, please contact:   |  |        |                            |      |           |                        | Relationship        |       |          |
| Emergency contact number(s):  |  |        |                            | Home |           |                        | Cell                |       |          |

Are you 21 years of age or older? (Note: you may be accepted for membership at age 18, but cannot operate a City-owned motor vehicle)     Yes     No

Have you ever filed an application with the Daphne Fire Department?     Yes     No

If "Yes," please specify date(s): \_\_\_\_\_

Have you ever been a member of the Daphne Fire Department?  Yes     No

If "Yes," please specify date(s): \_\_\_\_\_ Reason for non-status: \_\_\_\_\_

Have you ever belonged to a Fire Department?  Yes  No

If "Yes," please specify date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Have you ever served in the Armed Forces?

If Yes, Highest Rank: \_\_\_\_\_ Branch: \_\_\_\_\_ Type Discharge: \_\_\_\_\_

Do you understand that you will be called upon at all hours when needed if you are accepted into membership?  Yes  No

Have you ever had your driver's license revoked?  Yes  No

(If "Yes," fully explain on back of page)

In the past three years, have you had any traffic violations for the following? If so, please note number of time & state next to each:

Speeding \_\_\_\_\_  Reckless Driving \_\_\_\_\_

DUI \_\_\_\_\_  Running Stop Sign \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  Yes  No

If "Yes," please fully explain on back of page.

Have you ever lived outside of the State of Alabama?  Yes  No

If "Yes," list applicable state & length of time: \_\_\_\_\_

### EDUCATION

|  | High School |    |    |    | Trade or Voc School |   |   |   | College/University |   |   |   |
|--|-------------|----|----|----|---------------------|---|---|---|--------------------|---|---|---|
| School Name & Location   |             |    |    |    |                     |   |   |   |                    |   |   |   |
| Years Completed<br>(circle highest year completed)   | 9           | 10 | 11 | 12 | 1                   | 2 | 3 | 4 | 1                  | 2 | 3 | 4 |
| Diploma / Degree / GED   |             |    |    |    |                     |   |   |   |                    |   |   |   |
| Describe Course of Study   |             |    |    |    |                     |   |   |   |                    |   |   |   |
| Describe any specialized training, apprenticeship, skills, and extra-curricular activities |             |    |    |    |                     |   |   |   |                    |   |   |   |
| Describe any honors received   |             |    |    |    |                     |   |   |   |                    |   |   |   |

Have you ever had emergency vehicle driver's training?  Yes  No

If "Yes," Date: \_\_\_\_\_ Location: \_\_\_\_\_

Have you ever had defensive driving training?  Yes  No

If "Yes," Date: \_\_\_\_\_ Location: \_\_\_\_\_

Have you had courses in any of the following training, and to what extent?

Fire Fighting \_\_\_\_\_

CPR \_\_\_\_\_

First Aid/EMT/Paramedic \_\_\_\_\_

Hazardous Materials \_\_\_\_\_

### SPECIAL SKILLS/QUALIFICATIONS

Summarize any other special related skills and qualifications you may have:

---

---

---

**Note:** Please include copies of Certifications, EMS Licenses, CPR, NIMS certificates, etc. with your completed application.

## APPLICANT'S STATEMENT

I certify those answers given by me to all questions on this application are to the best of my knowledge and belief, true and correct, without mental reservations of any kind whatsoever. I further affirm that I have not knowingly withheld any fact or circumstances that would detrimentally affect this application. I understand any false statement or omission of material facts shall be considered sufficient cause for dismissal.

I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. This application for membership shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for membership beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I understand if I become a member of Daphne Fire Department, such membership does not constitute membership for a fixed or guaranteed period of time and that such membership, including any and all terms and conditions relating thereto whether presently in existence or adopted at some later date, is and are terminable in accordance with the policy, procedure and practice of Daphne Fire Department and the City of Daphne.

I elect to be a member of a drug-free organization and agree to all provisions in the Drug and Alcohol Policy set forth by the City of Daphne.

I understand I am required to abide by all rules and regulations by Daphne Fire Department and the City of Daphne.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **Fire Department Use Only:**

Date Completed Application Received: \_\_\_\_\_

- Copy of Driver's License
- Completed Drug & Alcohol Consent/Release
- Background Investigation Consent Form & Receipt of Summary of FCRA Rights
- Motor Vehicle Record (MVR) – copy required
- Background Check completed & approved by Human Resources

This application has been reviewed & approved for processing:

By Employee: \_\_\_\_\_ Date: \_\_\_\_\_

# VOLUNTEER AGREEMENT

## DAPHNE FIRE DEPARTMENT MEMBERS UNDER THE AGE OF 21

The City's liability insurance carrier requires all insured drivers of City vehicles be at least 21 years of age and have an acceptable driving record.

Individuals 18-20 years of age are allowed to serve as members on Daphne Fire Department. However, ***these individuals will not be allowed to drive ANY City vehicle of any kind while volunteering.*** Once reaching the age of 21, their name will be submitted to the insurance carrier for insurance coverage approval. The individual cannot operate any vehicle until the DFD Fire Chief receives the approval from Human Resources.

### AGREEMENT

I understand that, as a volunteer under the age of 21, I may not drive any City vehicle. It is my responsibility to adhere to this requirement. I understand that a violation of this agreement will automatically result in my dismissal from membership with the Daphne Fire Department.

I will notify the appropriate individuals within the DFD and Human Resources when I reach the age of 21 for insurance coverage submittal.

---

*Daphne Fire Department Volunteer Applicant*

---

*Date*

---

*Daphne Fire Chief*

---

*Date*

---

*Human Resources Director*

---

*Date*