



KINGS MOUNTAIN VOLUNTEER FIRE BRIGADE, INC.
 13889 SKYLINE BOULEVARD, WOODSIDE, CALIFORNIA 94062 • (650) 851-8897

KMFD 56-001 Kings Mountain Fire Dept Volunteer Firefighter Application

Kings Mountain Fire Dept

VOLUNTEER FIREFIGHTER APPLICATION

OFFICE USE ONLY
DATE SUBMITTED
STATION NUMBER
CO. OFFICER APRV
CHIEF APPROVAL

INSTRUCTIONS

- Legibly Print the requested information
- If an item does not apply to you, mark the space "N/A"
- **DO NOT LEAVE BLANK SPACES**

PERSONAL INFORMATION

Name _____
Last First Middle

Mailing Address _____
Address or PO Box City Zip Code

Street Address _____
Address (No PO Boxes) City Zip Code

Phone Number _____
Home Mobile Other (i.e. Work)

E-mail Address _____

Social Security Number _____ - _____ - _____

Birthdate _____ / _____ / _____
Month Day Year

Height _____ Weight _____ Eye Color _____ Hair Color _____

EMERGENCY CONTACT

Name _____
Last First Middle

Relationship _____

Address _____
Address or PO Box City Zip Code

Phone Number _____
Home Mobile Other (i.e. Work)

E-mail Address _____

VOLUNTEER FIREFIGHTER APPLICATION

Continued

CERTIFICATIONS

Complete the following table for any medical certifications that you possess:

Certification	Date Issued	Issuing Agency or Organization	Expiration Date
CPR/AED			
EMT Basic Int Paramedic			
EMS First Responder/EMR			

FIRE DEPARTMENT EXPERIENCE

List any firefighting experience in the space below:

Agency Name _____

Agency Address _____
Address or PO Box City Zip Code

Rank Attained _____

Job Description _____

VOLUNTEER FIREFIGHTER APPLICATION

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CERTIFICATION OF APPLICATION

I UNDERSTAND THAT KINGS MOUNTAIN FIRE / COUNTY OF SAN MATEO MAY CONDUCT A BACKGROUND INVESTIGATION TO DETERMINE MY SUITABILITY FOR VOLUNTEER FIREFIGHTER STATUS. THIS MAY INCLUDE VERIFICATION OF EMPLOYMENT HISTORY, CRIMINAL BACKGROUND, OR OTHER REFERENCES. I HEREBY AUTHORIZE KINGS MOUNTAIN FIRE / COUNTY OF SAN MATEO TO VERIFY THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION AND WAIVE ANY AND ALL RIGHTS I HAVE OR MAY HAVE, TO MAINTAIN CONFIDENTIALITY REGARDING THE INFORMATION I HAVE BEEN REQUESTED TO PROVIDE IN THIS APPLICATION. I DO HEREBY RELEASE KINGS MOUNTAIN FIRE / SAN MATEO COUNTY, THEIR OFFICERS, AGENTS, AND EMPLOYEES FROM ANY LIABILITY THAT MAY ARISE IN CONJUNCTION WITH VERIFYING THE INFORMATION PROVIDED IN THIS APPLICATION.

I ALSO CERTIFY THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MAY RESULT IN DISMISSAL AS A VOLUNTEER FIREFIGHTER FOR KINGS MOUNTAIN FIRE.

SIGNATURE_____ DATE_____

EMPLOYEE SELECTION OF PERSONAL PHYSICIAN

Volunteer Name _____
Last First Middle
Kings Mountain Fire Brigade

In the event that I sustain a job-related illness or injury, I designate my doctor to provide medical care. I am not waiving my right to appropriate medical treatment where my physician is not available.

Physician's Name _____
Last First Middle
Physician's Address _____
Address City Zip Code
Physician's Phone _____

I understand that the above named physician is licensed to practice in the State of California, and agrees to complete the necessary treatment report required by the Department.

Volunteer Signature _____ Date _____