



## AURORA VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

Dear Applicant:

Thank you for showing interest in your Aurora Volunteer Fire Department. By picking up this application packet, you have shown that you have the interest in protecting and preventing destruction to property and lives in this community. Upon completing this application packet, you should find this to be an important commitment.

Please read this packet carefully and in its entirety. It contains the following:

1. The Application is for a volunteer organization and the information should be given on a voluntary basis. Fill in ALL blanks. If you have any questions on any item(s), please call this department. If you need additional space to complete any questions, use a blank sheet of paper. Make sure application is signed. Any unsigned applicants are not acceptable, and will result in automatic rejection.
2. Authorization for Release of Information: This allows the Aurora Volunteer Fire Department Executive Committee to obtain any information on your application through law enforcement agencies.
3. If you have any additional skills or trainings you feel would be advantageous to this department, please provide Training Verification for our review. Example: CPR, EMT, First Responder, Firefighter 1.

Please complete this application packet to the best of your knowledge and sign all forms. If there are any questions concerning this packet, please contact Aurora Volunteer Fire Department and leave your name, phone number and information needed. Someone will return your call.

Respectfully,

Aurora Volunteer Fire Department

## REQUIREMENTS FOR MEMBERSHIP TO THE AURORA VOLUNTEER FIRE DEPARTMENT

### FIREFIGHTER

- Citizen of the United States
- Legal resident of the Aurora Volunteer Fire Department district
- Possess a valid Nebraska State Driver's license
- Must be 18 years of age
- Application for membership must meet all application and induction requirements
- Upon acceptance to the Aurora Volunteer Fire Department, you will be required to take a physical examination. This is paid for by the department.

### Aurora Volunteer Fire Department Acknowledgement

Are you CPR Certified?	Yes	No
Have you received Firefighter/E.M.S training in the past?	Yes	No
Have you received first aid training in the past?	Yes	No
Are you 18 years of age or older?	Yes	No

### Aurora Volunteer Fire Department Requirements

I acknowledge and understand that the application to become a firefighter with the Aurora Volunteer Fire Department requires the following commitment:

1. Attend monthly meetings (First Monday of each month)
2. Attend training as prescribed in the Fire Department Bylaws and Standard Operating Procedures.
3. Attend monthly training (Second Monday of each month)
4. Attend Rookie training (Third Monday of each month)  
Note: A New member must attend 75% of all training within a 1-year probation period. New member will be allowed 2 absences (excused by Fire Chief) out of the 24 scheduled trainings for a year's period.
5. New member must either attend Nebraska Fire school or State provided Intro to Firefighting.
6. Attend functions of Fire Department i.e.: Hamburger Feed, Fire Prevention activities, Pancake feed, ETC
7. New member must pass SCBA fit test and EVOC training.
8. New member must make at minimum 20% of all fire and accident calls during the year.
9. Being a firefighter is an emotionally challenging job that provides you with self-respect and self-satisfaction. Firefighting requires training and demands team effort and respect from each individual firefighter in the Department.

**Applicants Name:** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP TO THE AURORA VOLUNTEER FIRE DEPARTMENT**

(Please type or print all information)

Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Present Address: \_\_\_\_\_

(Number and street)

(How long)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Does your employer support you applying for membership? \_\_\_\_\_

List three character references, outside family and/or Aurora Volunteer Fire Department

\_\_\_\_\_  
(Name) (Address, city, state, zip) (Phone #)

\_\_\_\_\_  
(Name) (Address, city, state, zip) (Phone #)

\_\_\_\_\_  
(Name) (Address, city, state, zip) (Phone #)

Highest Grade of education: \_\_\_\_\_

Are you a legal citizen of the United States? \_\_\_\_\_

How long have you resided in the Aurora Volunteer Fire Department fire district? \_\_\_\_\_

When do you work? *(Mark all that apply)*

Day time \_\_\_\_\_ Evening \_\_\_\_\_ Overnight \_\_\_\_\_ Weekends \_\_\_\_\_

List all addresses in the previous 5 years: *(Most recent first)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all places of employment for the last five years to present date:

*(Include employer, address, supervisor, job description, and reasons for leaving)*

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Have you ever been convicted of any violations of the law other than parking violations?

No \_\_\_\_\_ Yes \_\_\_\_\_ *(If yes, complete the following)*

Violation	Date	Place	Court	Disposition
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Have you ever been a member of another fire department?

*(If yes, give the name(s) and address of the department(s))*

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List any special training you have that you feel would be advantageous to the fire service:

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Of all the volunteer services within the Aurora area, why do you want to volunteer your time and services to the Aurora Volunteer Fire Department?

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Do you belong to other volunteer organizations? If so, please list and briefly describe them:

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List any present or past members of the Aurora Volunteer Fire Department you know:

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**I certify that answers given herein are true and complete.**

**I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision.**

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any membership relationship with this organization is of an “at will” nature, which means that the Member may resign at any time and the Department may discharge Member at any time with or without cause.**

**In event of membership, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the Department.**

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Applicants Name (print)

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(Applicants Signature)

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(Date of application)

## AUTHORIZATION FOR RELEASE OF INFORMATION

To: Aurora Volunteer Fire Department  
924 13<sup>th</sup> Street  
Aurora, Ne 68818

Date: \_\_\_\_\_

Please accept this authorization for release of information to be given to the Aurora Volunteer Fire Department or their agent any and all information pertaining to any records in your files involving \_\_\_\_\_ (name of applicant), including police reports, accident reports etc.

\_\_\_\_\_  
(Signature of Applicant)

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*President*

*Date*

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*Executive Committee Chairman*

*Date*

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*Chief*

*Date*