

Tiawah Fire Department

14502 E. Hackamore Rd S.
Claremore, Oklahoma 74019

Non-Emergency (918) 341-0304

Emergency Services Volunteer Application

Date _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Birth Date _____

City, State, ZIP _____ S.S. # _____

Drivers License Class _____ Number _____ Contact Number _____

Hours you would most likely respond to incidents _____

Are you currently under a doctors care for any of the following medical conditions that could affect your ability to perform the duties of a volunteer emergency services provider?

_____ Heart condition _____ Back injury or chronic ailment _____ Asthma _____ Hypertension _____ Other

Please specify _____

List any medications, materials, insects, and etc. to which you may be allergic

Describe any previous emergency services experience _____

Have you ever been convicted of a felony? _____ Explain _____

Whom should we contact in case of an emergency? _____

List the names, addresses, and telephone number of three people who are not related to you, have known you for at least three years and will be used as character references.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

_____ do avow that all information given is true. In addition, I authorize Tiawah Fire Department to access any criminal history information pertaining to me contained in any local, state, or federal criminal history files. I further authorize Tiawah Fire Department to access any motor vehicle records to review my driving history. I understand that this authorization allows the review of criminal and driving records at any time during my association with Tiawah Fire Department. I also agree to meet all requirements and follow all standard operating procedures of the Tiawah Fire Department.

Signed _____ Date _____

Witnessed _____ Date _____