

300 Fountainview Drive  
PO Box 279  
Youngsville, LA. 70592  
Office: 337-856-6906  
Fax: 337-856-4178

## INFORMATION FOR APPLICANTS

Thank you for your interest in becoming a volunteer with the Youngsville Fire Department. When you submit your application, please have the following documents with you to be attached to your application form:

- \* Copy of your valid Louisiana Driver's License
- \* Copy of immunization records
- \* Copies of any current medical certifications, firefighter certifications, etc. (if applicable)
- \* Copies of any relevant training certifications
- \* Current Louisiana Auto Insurance Certificate for vehicle(s) you will be using to respond to fire and emergency calls

NOTE: Incomplete application packets will not be accepted.

Once your completed application is received, a thorough background check will be conducted by the Youngsville Fire Department. Once that process is complete, and if we choose to pursue your membership, you will be asked to submit a pre-membership drug screen and asked to attend four training sessions, business meetings or department events. Once you have completed the required attendance, your application will be brought before the general membership for final approval. If you do not already possess Firefighter I, you will be expected to obtain it within one year. Exceptions would be for EMS responders and support personnel.

For more information, contact:

Youngsville Fire Department  
300 Fountainview Drive / P.O. Box 279  
Youngsville, LA 70592  
337-856-6906

## **JOB DESCRIPTION – ENTRY LEVEL VOLUNTEER FIREFIGHTER**

### **Duties**

To respond to emergency and non emergency fire related, hazardous situations, medical emergencies and motor vehicle accidents

To participate in firefighter and medical/rescue training

### **Responsibilities**

Maintain physical fitness level for firefighting duties

Maintain current medical certification - Basic First Aid and CPR for the Professional Rescuer, Healthcare Provider, First Responder or Emergency Medical Responder

Make an effort to achieve medical First Responder / Emergency Medical Responder certification

Obtain Firefighter I certification

Must document and submit records for all individual training hours completed apart from organized department, company or multi company drills

### **Age Requirement**

Must be at least 18 years of age

### **Required Experience for Entry Level**

None Required

### **Education Level**

None Required

### **Skills Required**

None Required

### **Physical and Mental Requirements**

Must be able to handle lifting and moving of objects, hauling hose lines, and moving equipment during training and emergency situations

Must be able to comprehend training materials and sessions, and be of average mental competence in order to know the difference between right and wrong, safe and unsafe situations, and be able to make rapid decisions

### **Past History**

Must not have any Class A moving violations on driving record (Drunk Driving, Reckless Operation, Hit and Run, etc.)

Must not have any more than three moving violations on driving record

Must not have any felony convictions on criminal history, nor any misdemeanor convictions resulting from violence, sexual crimes, theft or fraud

### **Other Requirements**

Must have a valid driver's license

Must maintain valid insurance

# VOLUNTEER APPLICATION

VOLUNTEER PROGRAM APPLYING FOR:

FIREFIGHTER     EMS RESPONDER     FIREGROUND SUPPORT     ADMINISTRATIVE SUPPORT

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

DRIVERS LICENSE EXPIRATION: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

SCHOOL NAME	CITY/STATE	FROM/TO	GRADUATED?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES NO

IF YES, GIVE DETAILS IN COMMENTS SECTION BELOW. DESCRIBE WHEN, WHERE, AND DEPOSITION OF CASE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY EXPERIENCE IN FIRE OR EMERGENCY SERVICES? YES NO

IF YES, PLEASE LIST EXPERIENCE, CERTIFICATIONS, TRAINING, ETC.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

NAME OF INDIVIDUAL	RELATIONSHIP	ADDRESS	PHONE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that all the statements contained here and on any attachments are true to the best of my knowledge and I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from any Youngsville Fire Department Eligibility lists or discharge from the Youngsville Fire Department Volunteer Program. I understand that the Youngsville Fire Department conducts pre membership, random, and probable cause drug testing. It is my responsibility to keep my officer advised of any changes to my address or telephone number. I authorize reference checks, criminal and driving history checks, drug screening and verification of the information submitted.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*THE YOUNGSVILLE FIRE DEPARTMENT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, SEX, AGE, DISABILITY, NATIONAL ORIGIN, OR SEXUAL ORIENTATION.*

**YOUNGSVILLE FIRE DEPARTMENT**

**POLICE BACKGROUND CHECK FOR VOLUNTEER APPLICANTS**

PLEASE USE INK AND PRINT CLEARLY

DATE: \_\_\_\_\_

FIRST NAME (LEGAL): \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LOUISIANA DRIVERS LICENSE NUMBER: \_\_\_\_\_

LOUISIANA DRIVERS LICENSE EXPIRATION DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE TO THE FORM

I HEREBY AUTHORIZE THE YOUNGSVILLE FIRE DEPARTMENT TO CONDUCT A BACKGROUND CHECK, TO INCLUDE MY DRIVING RECORD AND CRIMINAL HISTORY.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE