

YOUNGSVILLE

FIRE DEPARTMENT

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

AUXILIARY MEMBERSHIP APPLICATION

The Youngsville Fire Department Auxiliary is a support organization for the men and women of the Youngsville Fire Department. The purpose is to take some support load off of the firefighters so they can spend more time training and doing the things that they were trained to do. The YFD – Auxiliary is open to anyone 14 years of age or older who is interested in volunteering for their community.

PLEASE TYPE OR PRINT CAREFULLY

NAME _____ DATE OF BIRTH _____ AGE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

WHAT TYPE OF THINGS ARE YOU INTERESTED IN HELPING WITH:

- FUNDRAISING FOR FIRE DEPARTMENT
- STATION BEAUTIFICATION PROJECTS (PLANTING, CLEANING, PAINTING, ETC.)
- FIRE PREVENTION AND SAFETY EDUCATION PROGRAMS
- COOKING FOR FIREFIGHTER'S MEETINGS
- WORKING BOOTHS AT FUNDRAISING EVENTS
- CLERICAL WORK (ANSWERING PHONES, FILING AT FIRE DEPARTMENT)
- LEARNING FIRST AID AND CPR

RETURN APPLICATION TO:

Auxiliary Program Director

Youngsville Fire Department

300 Fountainview Drive / P.O. Box 279

Youngsville, LA 70592

For more information, call 337-856-6906

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?
-------------	------------	---------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
--------------------	--------------	---------	-------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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