

Dexter Volunteer Fire Department

Application for Membership

301 Cooper
Dexter, Mo 63841
573-624-3425

Dear Applicant:

Thank you for showing interest in your Dexter Fire Department. By picking up this application packet, you have shown that you have an 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. Be sure to fill in ALL the blanks. If you have questions on any item(s), please give us a call. If you need additional space to complete any questions, use a blank sheet of paper. Make sure the application is signed. Any unsigned applications are not acceptable, and will result in automatic rejection.
2. Authorization for release of information: This allows the Dexter Fire Department 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, Paramedic, First Responder, Firefighter I & II.

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 the Dexter Fire Department and leave your name, phone number, and information needed. Someone will return your call.

Respectfully,
Chief Don Seymore 

REQUIREMENTS FOR MEMBERSHIP TO THE DFD

FIREFIGHTER:

- Citizen of the United States
- Legal resident of the DFD district
- Possess a valid Missouri State Drivers license.
- Must be at least 18 years of age.
- Application for membership must meet all application and induction requirements.
- Firefighter training is on Tuesday nights, two times per month. It is required to attend the training nights.
- Upon being offered a position with the Dexter Fire Department one must submit to a background check and drug screening.
- Upon acceptance, member will be classified as a probationary firefighter for a six-month period.

APPLICATION FOR MEMBERSHIP
DEXTER FIRE DEPARTMENT
(Please type or print all information)

Date: _____

Name: _____ SS#: _____

Age: _____ Date of Birth: _____ Birth Place: _____

Present Address: _____
(Number and street) (How long)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer's Name: _____ Phone #: _____

Length of Employment: _____

Does your employer support your applying for membership? _____

List three-character references, outside family and Dexter Fire Department:

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

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

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

Highest level of education: _____

Are you a legal citizen of the United States? _____

How long have you resided in the DFD fire district? _____

Do you work day time hours? _____ Evening hours? _____

Late night hours? _____ Weekends? _____

List all addresses in the previous five years (most recent first):

List all places of employment for the last five years to present date. Include addresses and supervisors, job description and reasons for leaving:

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

Yes _____ No _____ If yes, complete the following:

<i>Violation:</i>	<i>Date:</i>	<i>Place:</i>	<i>Court:</i>	<i>Disposition:</i>

Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).

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

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

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

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

I understand that if I should be accepted as a member of the Dexter Fire Department, I will uphold the constitution and by-laws of this department. I also agree to participate fully in all activities associated with the fire department. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Dexter Fire Department.

(Signature of Applicant)

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Dexter Fire Department
301 Cooper
Dexter, Mo 63841

Date: _____

Please accept this authorization to give the Dexter 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)

EMPLOYMENT APPLICATION INSTRUCTIONS

Please contact any of the following Fire Department Committee Members to drop off your application:

Beau Bishop (573) 820-0211
Landon Miller (573) 624-0912
Allen Horton (573) 820-0149
Kirk Frizzell (573) 625-8920

The application you submit will be reviewed and if, based upon the information you have supplied, there is a need to schedule you for a personal interview, you will be contacted by telephone or email.

Thank you for your interest in joining the Dexter Fire Department.

