



KEARNEY VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP

2211 Avenue A
Kearney, NE 68847
308-233-3226
KVFD@kearney.net

Dear Applicant:

Thank you for showing interest in your Kearney Volunteer 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. Fill in ALL blanks. If you have 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 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 Kearney Volunteer Fire Department Investigation 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 the Kearney Volunteer Fire Department and leave your name, phone numbers and information needed. Someone will return your call.

Respectfully,
Kearney Volunteer Fire Department

Please return this application prior to: _____

REQUIREMENTS FOR MEMBERSHIP TO THE KVFD

FIREFIGHTER:

- Citizen of the United States
- Legal resident of the KVFD district for at least six (6) months.
- Possess a valid Nebraska State Drivers license.
- Must be at least 21 years of age.
- Application must be accompanied with membership fees to the Nebraska State Volunteer Firefighters Association of \$15.00.
- Application for membership must meet all application and induction requirements.
- Upon acceptance to the KVFD, you will be required to take a physical examination. This is paid for by the department.
- Also upon acceptance, member will be required to complete the department Firefighter 1 class. Member has the option to test for the State level Firefighter 1.
- Applicant must reside within two miles of the city limits.

If application is for the Riverdale Truck Company, the applicant must meet the above requirements in addition to living within a five mile radius of the Riverdale Fire Station in accordance with the department by-laws.

**APPLICATION FOR MEMBERSHIP
KEARNEY VOLUNTEER 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: _____

Employer's Name _____ Phone #: _____

Length of Employment: _____

Does your employer support your applying for membership? _____

List three character references, outside family and Kearney Fire Department:

_____	_____	_____
<i>(name)</i>	<i>(address, city, state, zip)</i>	<i>(phone #)</i>
_____	_____	_____
<i>(name)</i>	<i>(address, city, state, zip)</i>	<i>(phone #)</i>
_____	_____	_____
<i>(name)</i>	<i>(address, city, state, zip)</i>	<i>(phone #)</i>

Highest grade of education: _____

Are you a legal citizen of the United States? _____

How long have you resided in the KVFD 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:

Violation	Date	Place	Court	Disposition

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 feel would be advantageous to the fire service:

Of all the volunteer services within the Kearney area, why do you want to volunteer your time and services to the Kearney Volunteer 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 Kearney Volunteer Fire Department you know:

For your application to be considered by the Kearney Volunteer Fire Department for membership, we require the signature of two (2) current or past members in good standing.

(member signature)

(member signature)

I understand that if I should be accepted as a member of the Kearney Volunteer 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 Kearney Volunteer Fire Department.

(signature of applicant)

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Kearney Volunteer Fire Department
 2211 Avenue A
 Kearney, NE 68847

Date: _____

Please accept this authorization to give the Kearney Volunteer Fire Department or their agent any and all information pertaining to any records in your files involving _____ (applicant), including police reports, accident reports, etc.

(signature of applicant)



Authorization to Release Information

Name of Applicant _____
Please print your full name

Date of Birth _____ SS# _____

As an applicant for a position with the Kearney Volunteer Fire Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information provided to this agency is confidential and will be used only for investigating my suitability for employment with the Kearney Volunteer Fire Department.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, friends, acquaintances, public agencies, and all others, to furnish to the Kearney Volunteer Fire Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20_____.

Notary Public in and for said County of _____, State of _____

Notary Public