

Wheatland Volunteer Fire Department

Fire District 1F

605 10th Street
P.O. Box 666



(307) 331-0289

Wheatland, Wyoming 82201



Membership Application Packet

1) **The minimum qualifications for consideration for membership are as follows:**

- a) Applicants must be at least 18 years of age to become a regular member.
- b) Applicant must possess a valid Wyoming Drivers License. Applicants for regular membership must acquire a class B Wyoming Drivers License with a tanker endorsement prior to the end of their probationary period and being voted on as a full member.
- c) Applicant must have resided within the jurisdiction of the Wheatland Volunteer Fire Department / Fire District 1F for at least six months.

2) **Education and Experience:**

- a) High School Diploma or GED Equivalent.
- b) Must attend new recruit firefighter training.
- c) Must take and pass the Wyoming State Fire Fighter I exam, written and practical, within 18 months of acceptance to the department.

3) **Meetings and Clean-ups**

- a) Applicants must attend as many meetings, clean-ups, and work details as possible.
- b) Missing three consecutive meetings without a legitimate excuse will result in your automatically being dropped from the department.
- c) A legitimate excuse can be obtained by contacting either the President, Vice President, or a line officer prior to the meeting or detail you need excused for.
- d) Any member removed from the department or transferred to honorary rolls will be required to remove all Fire Department identification from their vehicle, return all fire department gear, pagers, lights, I.D. cards, and radios.

4) **Mutual Aid and Pension:**

- a) Upon becoming a member you are required to join the mutual aid plan.
- b) You will be eligible for the Volunteer Fire Department Pension Plan which is paid for by the Town of Wheatland and Fire District 1-F.
- c) If you are dropped from the rolls or quit within eighteen (18) months, the Fire Department requests that you sign any money paid into the pension plan in your name back to the Town of Wheatland.

5) **Probationary Period:**

- a) Probation shall be until you successfully pass the state Fire Fighter I Exam, pass the Fire Fighter I Practical Portion of the test and complete a minimum of six months of active service with the department. The maximum length of probation shall be for eighteen (18) months. If you fail to complete the necessary requirements in the eighteen (18) months, a vote of the membership will be taken to remove you from the rolls.
- b) After six (6) months of probation, a vote of the membership will take place to determine if your membership will be extended.
- c) After completing the requirements to satisfy your probationary status you will be voted on to become a full active status firefighter. After being voted on and acquiring full membership status you will receive a department shirt, badge, I.D. card, and a red light.
- d) While on probationary status you will not drive any fire apparatus to the scene or be on the first truck out unless ordered to do so by the officer or firefighter in charge.

6) **Becoming a member:**

- a) Return the application along with enclosures to the president or a representative of the president's.

- b) With the completed application, **submit a check for \$39** to cover your background check, this is refundable upon your being instated as a full member.
- c) The application will be forwarded to a seven (7) person review board made up of department personnel.
- d) The review board will conduct a background investigation and set up an oral interview.
- e) The review board will then make a report to the membership of the department on their findings, at this time they will also indicate whether you will become a probationary member or be refused membership.

The membership committee will report to the department quarterly (January, April, July and October). Once a candidate is accepted as a probationary member, they are required to attend a new recruit training session conducted the following month. The new recruit training session is two consecutive weekends beginning Friday at 1800 and ending Sunday at 1700.

After six months' probation, the department will vote on the probationary member to continue or to be removed from the rolls.

At the end of the probationary period another vote will be taken of the membership to promote the applicant to full active firefighter status, extend probationary period if necessary, or drop the applicant from the rolls.

- a. Each new member will be reviewed by an officer each month. If weakness is noted the member will be informed.
- b. As a member of the Wheatland Volunteer Fire Department, you shall not drive or operate any fire apparatus or be present on any fire ground while under any amount of influence of alcoholic beverages. Use of controlled substances shall require immediate dismissal from the department.

Note: Portions of requirements / prerequisites above may be waived by authority of the department line officers on a case by case basis.

Wheatland Volunteer Firefighter Application

**General Instructions:
(Please Print or Type)**

Please answer each question, if the question does not apply to you, mark the space for the answer with a N/A.

- 1. Name: _____
 First Last M.I.

- 2. Present Address: _____
 Number Street APT# P.O. Box

- 3. Telephone Number Home: _____ Work: _____ Cell: _____

- 4. SSN: _____ - _____ - _____

- 5. Occupation: _____ Place of Employment: _____

- 6. Will your employer allow you to respond to fires during working hours?
Yes [] No []

- 7. If self employed are able to leave your job to respond to fires?
Yes [] No [] If no why not? _____

- 8. List three references (individuals not living with you or related to you, avoid clergy):
1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____

- 9. Drivers License Number: _____ State: _____ Class: _____

- 10. Special qualifications and/or skills: Include any type of specialized training:

- 11. Have you ever been a member of this department? Yes [] No [] When: _____

- 12. If you have ever applied to or have been a member of a Volunteer Emergency Services Organization previously, list below company name, location, telephone number, and name of chief officer, date of separation, and reason for leaving:

13. Do you hold a High School diploma or evidence of an equivalent achievement?
[] Yes [] No

14. Do you have a valid driver's license?
[] Yes [] No

15. Are you vehicle insurance eligible?
[] Yes [] No

16. Have you ever been convicted of a crime (felony or misdemeanor)? [] Yes [] No
**Please note that conviction does NOT represent an automatic bar to membership.
Each case is considered and evaluated on an individual basis in relation to the
duties and responsibilities you would perform as a department member.**
If yes, please explain charge, date, and jurisdiction.

17. Do you currently hold any fire/medical/first aid certifications? Yes No
If yes, please list certifications and expiration dates: _____

18. Remarks: (Any additional information that you may want to add:

19. I hereby make an application for volunteer membership and certify that statements made on this form and any other materials submitted with this application are true, under penalty of perjury. I understand that falsified information will be cause for denial of this application or termination of my membership, as well as possible legal action.

Signed: _____ Date: _____ 20 _____

Nominated by: _____
(Printed Name)

(Signature of Member)

Wheatland Volunteer Firefighter Application

Confidential Information Agreement

I understand that if I am not selected by the Wheatland Fire Department/1F for membership, I will not be informed on what grounds I was not selected. At no time will any part of the background investigation be made available to me or the general public. All background information, testing results, and records will become the property of the Wheatland Fire Department/1F for its use only.

By signing my name below, I acknowledge that I have read, and fully understand the above.

Signed: _____

Date: _____ 20 _____

State of: _____

County of: _____

The foregoing instrument was acknowledged before me.

_____ this _____ day of _____ 20 _____.

NOTARY PUBLIC

Witness my hand and official seal.

My commission expires: _____ 20 _____.

Wheatland Volunteer Firefighter Application
AUTHORITY TO RELEASE INFORMATION

Full Name: _____
(Please Print)

Address: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____

I have made an application to the Wheatland Volunteer Fire Department/1F for the purpose of becoming a firefighter for the Town of Wheatland / Fire District 1F.

I do hereby authorize a review and full disclosure of all records or files, or any part thereof, concerning myself that may be related to my application for enrollment with the Wheatland Fire Department/1F. To the Wheatland Police Department, its employee or agents, bearing or furnishing this release within One (1) Year of its date. Such authorization extends to and includes all records, either public or private which may be deemed to be privileged or confidential in nature.

I authorize the full and complete disclosure of the records and files of educational institutions; financial or credit agencies; medical and psychiatric consultation and/or practitioner, the United States Veterans Administration; and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, performance evaluations, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to records and recollections of attorneys at law, or other counsel representing or having represented me: and any records of any type whatsoever which concern any arrest or criminal charges involving me.

I further authorize the Wheatland Fire Department/1F to release the information obtained during this background check to other emergency service organizations provided that the Wheatland Fire Department/1F receives a written request for the information. I further understand that such information may be released to any other fire department where I might submit an application.

By signing this authorization, I release from liability and hold the Town of Wheatland / Fire District 1F and its agents harmless for all actions taken as a result of the information they receive. I further acknowledge that I sign this authorization of my own free will, and voluntarily furnish my social security number and date of birth.

Signature Date _____ 20____

SWORN AND SUBSCRIBED before me this ____ day of _____ 20 ____.

NOTARY PUBLIC
Witness my hand and official seal.

My commission expires _____ 20____

Wheatland Volunteer Firefighter Application

Drug Screening Policy:

I, the undersigned, do understand that the Wheatland Volunteer Fire Department offers a voluntary drug screening for new incoming members.

Signed: _____ Date: _____ 20 _____

Enclosures

Send a copy with application of:

1. Birth Certificate
2. Drivers License
3. Sign a release of information authorization of records and have it notarized

*****incomplete applications will not be processed*****

(FOR OFFICE USE ONLY)

Date Application Received: _____ 20 _____

Background Check: SAT UNSAT Date: _____ 20 _____ By: _____

Application: APPROVED
 DISAPPROVED Date: _____ 20 _____ By: _____

Signature Chairman:

Nomination Committee Chairman

Interviewed by: _____

Highly Recommended [] Acceptable [] Unacceptable []

****PLACE COMPLETED APPLICATION IN PERSONNEL FILE****

