

# JOINING THE YUTAN VOL. FIRE DEPARTMENT

# WHAT YOU NEED TO KNOW

Everybody has questions. Here are the answers.

1. What do I need to do to apply?  
You will need to get application forms from a Fire Department member. The application consists of three forms (a letter of intent, an information form, and a background check). Then you will need to attend a meeting on the first Thursday of the month, at 7:30 PM, at the fire station.
2. What kind of training do I have to take?  
As a minimum, all members are required to attend recruit training at the fire station. This consists of six months of basic fire and rescue training, and CPR (one night per month). For the duration of your career, you will also be required to attend regular meetings and drills (two nights per month). Training as an Emergency Medical Technician, and Certified Firefighter are also encouraged in the first couple of years. The department will cover the costs of this training.
3. What are the minimum requirements?  
You must be between 18 and 45 years of age, and be physically capable of heavy lifting and hard work.
4. Does everyone get accepted?  
No. Everyone gets an equal chance. Your membership will be based upon a vote of the membership of the Department. The Rural Fire District Board of Directors must also approve of your membership. If you attend meetings and training, follow Department policies, and have a relatively clear criminal record, you have a pretty good chance of becoming a full member.
5. How many hours are involved?  
The minimum commitment consists of about 12 – 15 hours per month for the first year. Weekend seminars on fire and emergency medical training, as well as weeknight courses are also offered for those who wish to attend higher levels of training. The Fire Department does pay for most training opportunities. Approximately 20% of the current members have turned these learning opportunities into full-time careers.
6. Will I be insured?  
Workers Compensation insurance, and life insurance are provided.
7. When can I start answering emergency calls?  
Upon completion of recruit training, and written approval of the Fire Chief, you will be able to answer emergency calls. Prior to said approval, and following acceptance of your application, you will be advised on reporting in a **safe** manner to **stand-by** and **observe**. For liability purposes, the Fire Department does not allow untrained personnel to respond to emergency scenes without a Fire Department officer as an escort. Until specifically ordered to respond, do not respond to a fire or emergency scene. **Doing so may be deemed illegal, and you may be arrested.**

**Thank you for your interest in the  
Yutan Volunteer Fire Department**



# Yutan Volunteer Fire Department

Emergency  
Medical  
Technician



## and Emergency Medical Service

P.O. Box 129

Yutan, Nebraska 68073

### APPLICATION

TO THE MEMBERS OF THE YUTAN VOLUNTEER FIRE DEPARTMENT:

Gentlemen:

I, the undersigned, wish to apply for active membership in the Yutan Volunteer Fire Department.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_ No. of Years: \_\_\_\_\_

Two Previous Addresses: \_\_\_\_\_

\_\_\_\_\_ No. of Years: \_\_\_\_\_

\_\_\_\_\_ No. of Years: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizen of U.S.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Endorsed by the signatures of two Yutan Volunteer Firemen:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_, 19 \_\_\_\_\_

Applicant's Signature



# Application for Membership

## Yutan Volunteer Fire Department



This application is part of your examination. Answer all questions fully and carefully. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

### 1. FULL NAME

Last Name                      First Name                      Initial

Street Address or Rt. \_\_\_\_\_

Post Office \_\_\_\_\_ State \_\_\_\_\_

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION

2. Phone No.	3. Date of Birth	4. Height	5. Weight
	Mo.   Day   Yr.	Feet   Inches	Pounds

### 6. RESIDENCE

Fill in the names of the city or village and town school district, county and state of which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

NAME OF	YEARS	MONTHS
City or Village _____		
Town _____		
County _____		
State _____		

### 7. CITIZENSHIP

If not born in U.S., is applicant naturalized? \_\_\_\_\_

8. Have you any objections to this Commission making inquiry regarding your character and qualifications from

	Yes	No
(A) Your former employers?	(A) <input type="checkbox"/>	<input type="checkbox"/>
(B) Your present employer?	(B) <input type="checkbox"/>	<input type="checkbox"/>

If answer is "Yes" to either (A) or (B), explain.

	Yes	No
9. Except for minor traffic violation, were you		
(A) Ever arrested for any violation of law?	(A) <input type="checkbox"/>	<input type="checkbox"/>
(B) Ever indicted for any violation of law, or have you ever been a defendant in a criminal proceeding?	(B) <input type="checkbox"/>	<input type="checkbox"/>
(C) Ever convicted of any violation of law?	(C) <input type="checkbox"/>	<input type="checkbox"/>

If your answer is "Yes" to any of above questions, give particulars and disposition of each charge and attach to this form.

10. Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_

### 11. SERVICE IN ARMED FORCES

(A) Have you ever served in the armed forces of the U.S.? (A)  Yes  No

(B) If "Yes," have you ever received a discharge from such forces which was other than honorable? (B)

If answer is "Yes," give full particulars on additional sheet.

(C) Date of entry into active service	(C)	Month	Day	Year
(D) Date of discharge	(D)			
(E) Service serial number	(E)			

12. Have you ever been removed from or refused membership in another fire company, fraternal organization, or service club? If so, describe the circumstances in detail.

13. Were you ever dismissed from any employment for disciplinary reasons? (Yes)  (No)   
If answer is "Yes," give full particulars.

14. Social Sec. No. \_\_\_\_\_

### 15. BENEFICIARY:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

16. Have you a license, certificate, or other authorization to practice a trade or profession?    
Name of trade or profession \_\_\_\_\_

Granted by (Licensing Agency) \_\_\_\_\_ City or State of \_\_\_\_\_

Licensed from \_\_\_\_\_ to \_\_\_\_\_

### 17. EDUCATION

Fire Training: \_\_\_\_\_

First Aid and Rescue Training: \_\_\_\_\_

### DECLARATION

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Date

Signature of Applicant