



KARNS VOLUNTEER FIRE DEPARTMENT



P.O. BOX 7184 * KNOXVILLE, TN * 37921
BUSINESS # (865) 691-1333 * BUSINESS FAX (865) 691-1039
KARNS * HARDIN VALLEY * SOLWAY * BALL CAMP

APPLICATION FOR VOLUNTEER MEMBERSHIP

PLEASE PRINT

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APPLICANT INFORMATION

Name _____ Social Security Number _____ - _____ - _____
Street Address _____ City _____ ST _____ Zip _____
Cell Phone (____) _____ Home Phone (____) _____ Work Phone (____) _____
Driver's License Number _____ State _____ Members must have a valid TN driver's license to operate department owned vehicles

EMERGENCY NOTIFICATION

In Case of Emergency, Notify _____ Relationship _____
Telephone Number _____
If above cannot be reached, Notify _____ Relationship _____
Telephone Number _____

JOB INFORMATION

Current Employer _____ Supervisor _____
Employment Dates _____ to _____
Address _____ City _____ ST _____ Zip _____
Telephone _____ May we contact this employer Yes No

EDUCATIONAL EXPERIENCE

Do you have either a high school diploma or G.E.D.? (Circle YES NO) *Attach a copy of your diploma*
Did you attend college? (Circle YES NO) Type of Degree or Hours: _____ College Attended _____
Associates, Bachelors, Masters, Doctorate? _____
Years of University or College if NO degree conferred _____

EMERGENCY SERVICE EXPERIENCE

Are you a certified firefighter in Tennessee? _____ Another State? _____, Where _____ NFPA? _____
Level of Certification _____ *Attach copies of certifications*

Do you hold licenses or certifications in any of the following?

CPR _____ 1ST RESPONDER _____ EMT _____ EMT-IV _____ PARAMEDIC _____ VEHICLE EXTRICATION _____ HAZMAT _____

Attach copies of these licenses and/or certifications

PAST EMERGENCY SERVICE AGENCY AFFILIATIONS (NOT LISTED ABOVE)

Agency _____ Telephone _____
Address _____ City _____ ST ___ Zip _____
Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire _____ EMS _____ Rescue _____ Law Enforcement _____
May we contact? YES NO

Agency _____ Telephone _____
Address _____ City _____ ST ___ Zip _____
Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire _____ EMS _____ Rescue _____ Law Enforcement _____
May we contact? YES NO

Agency _____ Telephone _____
Address _____ City _____ ST ___ Zip _____
Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire _____ EMS _____ Rescue _____ Law Enforcement _____
May we contact? YES NO

INTEREST / SKILLS

There are many operations and personal skills that make an organization successful. Listed below are some of those skills. *Check all that apply that you may be interested in pursuing:*

Apparatus Maintenance _____ Equipment Maintenance _____ Public Education _____ Fire Investigation _____
Photography _____ Finances _____ Training _____ Record Keeping _____
Administration _____ Pre-planning _____ Station Work _____ Computer _____
Other _____ Explain _____

AVAILABILITY

Personal work schedules are an important consideration when determining appropriate staffing levels to respond to calls for service. There are hours of the day, and days of the week, that naturally have lower staffing levels because of volunteer staffing. Please provide the following information so that we can plan appropriately.

Are you available to respond during daytime hours? (Circle one) YES NO

Do you rotate shifts? (Circle one) YES NO

Can you respond from work? (Circle one) YES NO

If you live outside the Karns response area, would you be willing to work a shift at a station? (Circle one) YES NO

Note: The Karns Volunteer Fire Department does not advocate endangering a member's position at work to respond to fire department calls for service.

REFERENCE INFORMATION

Please provide the names of individuals, other than relatives, that can vouch for your character.

1. Name _____ Address _____ Telephone _____ Yrs. Known _____
2. Name _____ Address _____ Telephone _____ Yrs. Known _____
3. Name _____ Address _____ Telephone _____ Yrs. Known _____

CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor? YES NO. **If yes**, list crime(s) for which convicted, date, and location.

Have you ever received a traffic citation, other than a parking citation? YES NO. **If yes**, give offense, disposition, date, & location.

The Karns Volunteer Fire Department is an Equal Opportunity Employer and does not discriminate due to race, sex, orientation, national origin, age, disability, or religion in regards to hiring, promoting, or duty assignment practices. **By signing this volunteer membership application, you are affirming that the information provided is true and correct to the best of your knowledge.** The omission or falsification of any information in this application is grounds for immediate disqualification for volunteer membership.

Applicant Signature

Date Signed

DO NOT WRITE BELOW THIS LINE ----- FOR DEPARTMENT USE ONLY

Date Application received _____ Received by _____

Conditional Membership (circle) ACCEPTED DENIED Vote Date: _____ President's Initials: _____

Probationary Membership Vote (circle) ACCEPTED DENIED Vote Date: _____ President's Initials: _____

Full Membership Vote (circle) ACCEPTED DENIED Vote Date: _____ President's Initials: _____

Unit Number Assigned _____



Jimmy "J.J." Jones
Sheriff

KNOX COUNTY SHERIFF'S OFFICE

RELEASE OF ARREST RECORD

Person/Business Requesting background check _____

Phone Number

Name _____

LAST

FIRST

MI

MAIDEN

Other Names Used _____ Sex _____ Race _____

Address _____

Street/Road

Apt #

City/State/Zip

Date of Birth _____ SSN _____ - _____ - _____ Driver's License # _____

Signature of person releasing arrest record _____

If you cannot personally appear to have the background check completed, your signature must be notarized

Notarization

State of Tennessee, County of _____. Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he / she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me this ____ day of _____, 20 ____.

My Commission Expires _____

Notary Public

(DO NOT WRITE BELOW THIS LINE - KNOX COUNTY SHERIFF'S OFFICE USE ONLY)

Inquiry Results

Record Found _____ No Record Found _____ Local Warrants _____

Computer generated Arrest History Attached with _____ charges listed on _____ pages.

Record Checked by: _____ Date: _____

Knox County Sheriff's Office raised seal must be present for record to be valid

400 Main Street * Knoxville, Tennessee 37902 * (865) 215-2432

www.knoxsheriff.org