



Karns Volunteer Fire Department
 P.O. Box 7184
 Knoxville, TN 37921
 (865) 691-1333

Karns

Hardin Valley

Solway

Ball Camp

Application for Membership

Please Print

Applicant Information

Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Drivers License Number: _____ State: _____ Social Security Number: ____-____-____

Members must have a valid Tennessee Drivers License to operate department owned vehicles.

Emergency Notification

In case of emergency, notify: _____ Relationship: _____

Address: _____ Phone: (____) _____

Job Information

Occupation: _____ Years Experience: _____

Employer: _____ Supervisor: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Educational Experience

Do you have either a high school diploma or G.E.D.? (Circle one) YES NO
 University or College Degrees? (Circle highest attained) Associates Bachelors Masters Doctorate Field: _____
 University or College attended: _____
 Years of University or College attended if no degree conferred: _____

Emergency Services Experiences

Are you a certified firefighter in Tennessee? _____ Another State? _____, Where: _____ N.F.P.A.? _____
 Level of Certification: _____

Do you hold licenses or certifications in any of the following? CPR: _____ 1st Responder: _____ EMT: _____ EMT-IV: _____
 Paramedic: _____ Vehicle Extrication: _____ EVOC: _____ Any other: _____
 Where: _____

Past Emergency Services Agency Affiliations

Agency: _____ Address: _____ Telephone: _____ When: _____
 Check: Fire Emergency Medical Rescue Law Enforcement
 Agency: _____ Address: _____ Telephone: _____ When: _____
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Availability

Personnel 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.

Interests / Skills

There are many operations and personal skills that make an organization successful. Once you are accepted into the Karns Volunteer Fire Department and have received recruit training, there are areas in which some of your skills and talents may be used. Listed below are some of those activities. Check any that you may be interested in.

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

Reference Information

Please provide the names of individuals, other than relatives, who have known you at least one (1) year whom the Department's Membership Committee can contact as part of its background investigation.

Social Acquaintances:

Name	Address	Telephone	Years Known
1.			
2.			
3.			

Business Acquaintances:

Name	Address	Telephone	Years Known
1.			
2.			
3.			

The Karns Volunteer Fire Department is an Equal Opportunity Employer, and does not discriminate due to race, sex, color, national origin, age, disability or religion in regards to its hiring, promotional, or duty assignment practices. By signing this application, you are being offered membership in the Department and you understand that the Membership Committee will conduct a background check, including a criminal background check, before being accepted. Acceptance, or Denial of membership, into the Karns Volunteer Fire Department is by membership vote. **Also by signing this application, you are affirming that the information provided is true and correct to the best of your knowledge.**

Applicant Signature: _____ Date: _____

Do Not Write Below This Line---For Departmental Use Only

Date Application Received: _____ Received by: _____
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: _____



KNOX COUNTY SHERIFF'S OFFICE

Jimmy "J.J." Jones
Sheriff

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 _____ Drivers 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