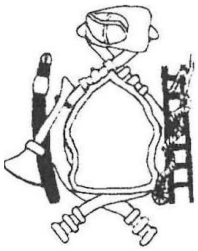
THIRD DISTRICT VOLUNTEER FIRE DEPT.

GEORGE DYER, SR. MEMORIAL FIRE STATION

COOPERATION **PROTECTION**



CHARTERED 1951

BUS. PHONE 738-3258

10415 JEFFERSON HWY
RIVER RIDGE, LA 70123
JEFFFERSON PARISH

APPLICATION FOR MEMBERSHIP

To the applicant:

1. Please fill out the application **completely**. Be sure that all mailing addresses and phone numbers, including those for character references, are correct. You must provide complete addresses including city, state, and zip codes.

   YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

2. You must provide **COPIES** of the following to be retained in our records:
   a. Driver's License – address must be the same as your current home address
   b. Voter Registration Card – address must be the same as your current home address
   c. Auto Insurance Card – you must maintain the minimum automobile liability insurance as required by the State of Louisiana for each vehicle you plan to respond in. Please provide a copy of your current automobile insurance for each vehicle you plan to respond with.
   d. Background Check with Receipt, Review of Record $50
      Jefferson Parish Sheriff's Office Central Records located at
      1233 Westbank Expressway, Building A, Harvey, LA 70058
      Phone 504-363-5590, Hours are M-F, 8 a.m.- 4 p.m.

3. If you do not have enough space for your answer to any question, use the space on page ten (10) of the application. If more space is needed, attach additional sheets. Please state the question you are answering on the additional sheets.

4. Please **PRINT** all the information except for your signature(s).

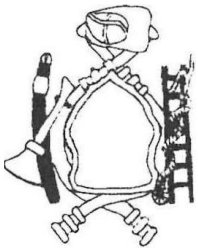
Thank you for your cooperation and interest in Third District Volunteer Fire Department.

WE DO NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RACE, COLOR, DISABILITY, RELIGION, OR ANY OTHER PROTECTED CLASS.

THIRD DISTRICT VOLUNTEER FIRE DEPT.

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VOLUNTEER APPLICANT CHECKLIST

NAME: _____ DATE: _____

- ☐ COMPLETED APPLICATION
- ☐ SIGNATURE IN CORRECT LOCATIONS ON APPLICATION
- ☐ COPY OF DRIVER'S LICENSE
- ☐ COPY OF VOTER REGISTRATION
- ☐ COPY OF CURRENT VEHICLE INSURANCE CARD
- ☐ COPY OF FIREFIGHTER CERTIFICATIONS AND/OR SPECIALIZED TRAINING
- ☐ THREE COMPLETED AND SIGNED CHARACTER REFERENCE LETTERS
- ☐ BACKGROUND CHECK WITH RECEIPT

  You must obtain your background check from Jefferson Parish Sheriff's Office Central Records located at 1233 Westbank Expressway, Building A, Harvey, LA 70058, Phone 504-363-5590, Hours are M-F, 8 a.m.- 4 p.m

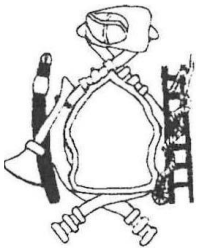
  Upon hiring, TDVFD will reimburse you the $50 (**please provide a receipt**) that you will be required to pay Jefferson Parish Sheriff's Office.

If you do not have access to make copies, Third District Volunteer Fire Department will process copies for this application at TDVFD Headquarters. Please call the number on this page to arrange a time and date for making copies.

THIRD DISTRICT VOLUNTEER FIRE DEPT.

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RIVER RIDGE, LA 70123
JEFFFERSON PARISH

BACKGROUND CHECK ONLINE INSTRUCTIONS

Go to the Website - JPSO.com

JEFFERSON PARISH SHERIFF'S OFFICE

On the Home page to the top right of the logo, choose "I WANT TO..."

In the Middle column at the bottom of the page under OBTAIN

Choose the blue highlighted words (A Background Check)

On the Records and Reports page

Choose the blue highlighted words (Background Checks/Records Request)

Choose the box that says (SUBMIT REQUEST)

Choose the first box on the page

(Submit a Criminal History/Background Check/Booking Photo)

* Create an account, you will need your login and password to retrieve the document when ready. *

Payments are to be made online. SAVE YOUR RECEIPT

THIRD DISTRICT VOLUNTEER FIRE DEPARTMENT

10415 Jefferson Highway
River Ridge, Louisiana 70123
504-738-3258

APPLICATION FOR MEMBERSHIP

POSITION APPLYING FOR *VOLUNTEER "FIREFIGHTER"*			DATE OF APPLICATION
LAST NAME			
FIRST NAME	MIDDLE NAME	MAIDEN NAME	
CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NO.	STATE ISSUED	CLASS	EXPIRATION

MARITAL STATUS

SINGLE ☐	MARRIED* ☐	ENGAGED ☐	SEPARATED ☐	DIVORCED ☐	WIDOWED ☐	*If Married, Please Fill Out Spouse Information Below

LAST NAME			
FIRST NAME	MIDDLE	MAIDEN	
CURRENT STREET ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

EMERGENCY CONTACT INFORMATION

LAST NAME	FIRST NAME	RELATIONSHIP	PHONE NUMBER
CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE

EMPLOYMENT HISTORY					
NAME OF CURRENT EMPLOYER		JOB TITLE		TELEPHONE NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
FROM	TO	NAME OF SUPERVISOR		SUPERVISOR EMAIL	
DESCRIPTION OF DUTIES					
NAME OF PAST EMPLOYER		JOB TITLE		TELEPHONE NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
FROM	TO	NAME OF SUPERVISOR		SUPERVISOR EMAIL	
DESCRIPTION OF DUTIES AND REASON FOR LEAVING					

NAME THREE CHARACTER REFERENCES NOT RELATED BY BLOOD OR MARRIAGE			
FIRST AND LAST NAME	RELATIONSHIP	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
FIRST AND LAST NAME	RELATIONSHIP	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
FIRST AND LAST NAME	RELATIONSHIP	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE ATTACHED COMPLETED CHARACTER REFERENCE FORMS.

HAVE YOU EVER APPLIED FOR MEMBERSHIP OR WERE EVER A MEMBER OF THIRD DISTRICT VOLUNTEER FIRE DEPARTMENT?			
YES ☐ NO ☐	If YES, Dates From - To		
Rank or Position			
Reason for Leaving Department			
HAVE YOU EVER APPLIED FOR EMPLOYMENT OR WERE YOU EVER EMPLOYED BY THIRD DISTRICT VOLUNTEER FIRE DEPARTMENT?			
YES ☐ NO ☐	If YES, Dates From - To		
Rank or Position			
Reason for Leaving Department			
ARE YOU A MEMBER, FORMER MEMBER, OR EMPLOYEE WITH ANOTHER FIRE DEPARTMENT?			
YES ☐ NO ☐	If YES, Please List Department(s) Rank and Status with Department		
Name of Department			
Rank or Position		List Status	
Name of Department			
Rank or Position		List Status	
Name of Department			
Rank or Position		List Status	
Name of Department			
Rank or Position		List Status	
ARE YOU OR HAVE YOU BEEN IN THE MILITARY?			
YES ☐ NO ☐	If YES, List Dates, Branch, and Rank		
Status: Active, Reserve or Discharged			
DO YOU SPEAK A FOREIGN LANGUAGE?			
YES ☐ NO ☐	If YES, Please List		

EDUCATION: Please list your education including high school, colleges, business schools, and technical schools.

(Firefighting, Rescue & Medical Listed Later in the Application.)

SCHOOL NAME	ADDRESS	FROM	TO	GRADUATED	
				YES ☐	NO ☐
				YES ☐	NO ☐
				YES ☐	NO ☐
				YES ☐	NO ☐

LIST ALL ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW OR HAVE BEEN A MEMBER.

Name of Organization, Club or Social Group	Position	Dates	
		From	To

PLEASE EXPLAIN YOUR REASONS FOR WANTING TO BECOME A VOLUNTEER FIREFIGHTER

PLEASE LIST ANY HOBBIES OR SPECIAL INTERESTS

FIREFIGHTING, RESCUE, MEDICAL OR OTHER SPECIALIZED TRAINING		
Class/Certification	**Year**	**Certification Attached**
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐
		YES ☐ NO ☐

AUTOMOBILE INFORMATION (LIST ALL VEHICLES YOU PLAN TO RESPOND WITH)			
Make	Model	Year	License Plate Number
Insurance Company	Agent's Name		Phone Number
Make	Model	Year	License Plate Number
Insurance Company	Agent's Name		Phone Number
Make	Model	Year	License Plate Number
Insurance Company	Agent's Name		Phone Number

HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY?	
YES ☐ NO ☐	If YES, Please Explain
HAVE YOU EVER RECEIVED A TRAFFIC CITATION?	
YES ☐ NO ☐	If YES, Please Explain
HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT?	
YES ☐ NO ☐	If YES, Please Explain
DO YOU HAVE ANY IMMEDIATE CRIMINAL ACTION PENDING AGAINST YOU?	
YES ☐ NO ☐	If YES, Please Explain
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (Misdemeanor or Felony)?	
YES ☐ NO ☐	If YES, Please Explain

Date	Charge	Arresting Dept or Agency	Penalty

NOTE: A CRIMINAL BACKGROUND CHECK WILL BE PERFORMED BY THE JEFFERSON PARISH SHERIFF'S OFFICE.

PLEASE USE THIS PAGE FOR ANY ADDITIONAL INFORMATION OR SPACE NEEDED TO ANSWER A QUESTION.

Page Number and Question:	

Page Number and Question:	

Page Number and Question:	

Page Number and Question:	

Page Number and Question:	

With this application I hereby petition Third District Volunteer Fire Department for Membership. If accepted, I promise and agree to obey the Constitution and By-Laws, the Operating Rules and Regulations and the Commanding Officers of this Department.

I am aware that any misrepresentations or falsifications made in connection with my obtaining membership with Third District Volunteer Fire Department will be grounds for rejection or dismissal. The facts set forth in my Application for Membership are true and correct. I understand that if accepted, false statements on my application shall be considered sufficient cause for dismissal. The Third District Volunteer Fire Department is hereby authorized to make any investigation into my background, such as criminal and driving record checks. In completing this Application, I also understand that an investigative report may be compiled by information obtained through character reference checks, neighbors, friends, or others with whom I am acquainted.

If accepted, I promise to protect and maintain any equipment issued to me by Third District Volunteer Fire Department and that I will return said equipment to the Department in the proper condition if I resign or am dismissed within the time frame given to me by the officer in Charge of the Action.

I understand, promise, and agree to maintain the Minimum Automobile Liability Insurance required by the State of Louisiana of ALL vehicles in which I plan to respond to Department activities or calls. I also understand, promise, and agree to maintain a current Inspection Sticker, License Plate, and Appropriate Driver's License.

APPLICANT'S SIGNATURE _____ **DATE** _____

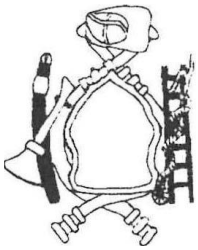
Total number of Attachments Supplied by Applicant _____

DO NOT WRITE IN THE BELOW SECTION; ADMINISTRATIVE USE ONLY			
N.C.I.C.	D.M.V.	Insurance	Registered Voter
CR #1			D.L. Provided
CR#2			C.R Letters Mailed
CR#3			Date Received
Comments			Division
			Board Action
			Equated
Investigated by	Report		Off Probation

THIRD DISTRICT VOLUNTEER FIRE DEPT.

GEORGE DYER, SR. MEMORIAL FIRE STATION

COOPERATION



CHARTERED 1951

PROTECTION

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CHARACTER REFERENCE FORM

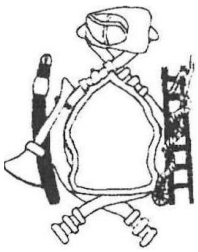
Date		Reference Name	
The above applicant has applied to this Board of Directors for membership and has submitted your name for a reference.			
How long have you known the applicant?			
What is your opinion of this person's moral character and reputation?			
Any other comments?			
Attest: I certify that the above information is, to the best of my knowledge, true and correct.			
Printed Name		Phone Number	
Signature		Date	
Address		City	
State		Zip Code	
Your prompt reply will be greatly appreciated. The applicant's file will not be processed until we are in receipt of all Character Reference Forms. Thank you for your time and assistance.			

Secretary, Third District Volunteer Fire Department

THIRD DISTRICT VOLUNTEER FIRE DEPT.

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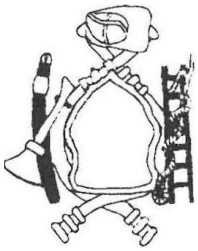
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Printed Name		Phone Number	
Signature		Date	
Address		City	
State		Zip Code	
Occupation			
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Address				City	
State		Zip Code		Occupation	

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