



## KENSINGTON VOLUNTEER FIRE DEPARTMENT

FILL IN THE APPLICATION AND RETURN TO THE TOWN HALL OFFICE IN CARE OF THE FIRE CHIEF.

**PERSONAL INFORMATION:**

DATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

NAME:

\_\_\_\_\_

LAST

FIRST

MIDDLE

PERMANENT ADDRESS:

\_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_

(BUSINESS): \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?    YES            NO    (CIRCLE ONE)

ARE YOU EMPLOYED NOW?                    YES            NO    (CIRCLE ONE)

PRESENT EMPLOYER

NAME AND ADDRESS

\_\_\_\_\_

POSITION: \_\_\_\_\_

PHONE: \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS DEPARTMENT BEFORE?      YES    NO    (CIRCLE ONE)

WHEN? \_\_\_\_\_

**A VOLUNTEER FIREFIGHTER SHOULD POSSESS THE FOLOWING ESSENTIAL ATTRIBUTES:**

1. The ability to quickly respond and travel to either the station or scene of an accident when called.
2. The ability to lift at least 40 lbs.
3. The ability to hear and follow verbal commands at the scene of an accident.
4. The ability to move quickly and easily around/over obstacles and barriers at the scene of an accident.
5. The ability to perform strenuous physical work such as moving hoses, equipment, burning materials, etc.
6. The ability to work in confined spaces, smoke filled conditions, and extreme temperatures.
7. The ability to climb ladders and work at heights.
8. The ability to work as a team member.

CAN YOU PERFORM THESE ESSENTIAL FUNCTIONS?    YES    NO    (CIRCLE ONE)

**DESCRIBE ANY FIREFIGHTER/EMERGENCY MEDICAL TRAINING YOU POSSESS.**

**PLEASE INCLUDE A COPY OF CERTIFICATION:**

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**AUTHORIZATION:**

**I UNDERSTAND THAT MISREPRESENTATION OF INFORMATION REQUESTED IS CAUSE FOR DISMISSAL.**

**DATE:** \_\_\_\_\_      **SIGNATURE:** \_\_\_\_\_