

Daphne Volunteer Firefighter's Association
P.O. Box 694
Daphne, Alabama 36526-0694
(251) 621-2802

Dear Inquiring Citizen:

Thank you for your interest in the Daphne Volunteer Fire Department (DVFD). DVFD has a rich tradition and continues to strive for the protection of life and property for the citizens of Daphne and surrounding areas when requested.

Drill nights are the second and third Thursdays of each month and business meetings are held on the fourth Thursday of each month. Drills and meetings are generally held at Station #1 at 7:00 p.m.

To be eligible for membership, an applicant must be able-bodied, 18 years of age or older, be insurable by the City of Daphne insurance, and return satisfactory results from the City of Daphne Human Resource Department's background investigation. **Persons under the age of 21 are not allowed to drive City of Daphne vehicles.**

In order for your application to be considered complete we will need that following:

- Completed application
- Completed application includes the Medical Recognition which should only be completed by a physician's office.
- Copy of the applicant's current Alabama driver's license
- Signed Drug and Alcohol Policy Consent/Release Form. (The Policy is yours to keep)
- Signed Investigation Consent Form and Receipt of Summary of FCRA Rights (The Summary of FCRA Rights is your to keep)
- MVR (Motor Vehicle Record) obtained by the Department of Transportation.

When these requirements have been met, the applicant will then receive equipment and will begin their 90-day minimum probation period. The probation period will enable the members and the applicant an opportunity to acquaint themselves better with one another and to let the applicant determine if he/she actually desires to be an active member of the department.

After the 90-day probation period is completed, the applicant will be up for vote.

Thank you again for your interest in DVFD. I hope to continue to see you at DVFD activities.

Sincerely,

Melvin McCarley,
Volunteer Chief

Application for Membership

Daphne Volunteer Fire Department

After completion and submittal of this application to the application chairman, you will be contacted by the City of Daphne Human Resource Department to schedule the background check. *If you do complete any part of the application process, we cannot accept your application.* After acceptance, you will begin a 90-day probationary period and be issued equipment.

(PLEASE PRINT)

Last Name Initial	First	Middle	Date of Application
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How Did You Learn About Us?
 Advertisement Friend/Relative (Name: _____) Walk-In Other _____

Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Home	Work	Cell
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Date of Birth	AL Driver's License Number	Social Security Number
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<input type="checkbox"/> Married <input type="checkbox"/> Single	Hair Color	Eye Color	Height	Weight
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IN CASE OF AN EMERGENCY, PLEASE CONTACT:	Relationship:
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Telephone Number (s)	Home	Work	Cell
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Are you 21 years of age or older? (You may be accepted for membership at 18 years of age, but CANNOT drive apparatus) Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been a member of the Daphne Volunteer Fire Department before? Yes No

If Yes, give date _____; Reason for non-member status _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please fully explain on back page.

Have you, in the past three years, had traffic violations for any of the following:

Speeding () Reckless Driving () DUI () Running Stop Sign ()

If Yes to any of the above, give number of times and states of each on the back page.

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If yes, please fully explain on back page.

Have you ever lived outside of the State of Alabama? Yes No

If yes, give state and how long. Please list all states applicable: _____

Education

	High School				Trade or Vocational School				Undergraduate College / University			
School Name and Location												
Year Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree / GED												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												

Have you ever had driver's training? Yes No

If Yes, Date: _____ Location: _____

Have you ever had defensive driving training? Yes No

If Yes, Date: _____ Location: _____

Have you had courses in any of the following, and to what extent?

- First Aid: _____
- CPR: _____
- EMT: _____
- Fire Fighting: _____

Have you ever belonged to a Fire Department? Yes No

If Yes, when: _____, and where: _____

Have you ever served in the Armed Forces? Yes No

If Yes, Highest Rank: _____; Branch: _____; Type of Discharge: _____

Do you understand that you will be called upon at all hours when needed if you are accepted into membership? Yes No

Special Skills and Qualifications

Summarize any other special related skills and qualifications.

Medical Recognition

This section must be completed by a licensed physician before application can be accepted.

I, _____, hereby recognize, on this ____ day of _____, the year _____, that _____ (applicant) is both physically and mentally competent to perform the duties of a firefighter.

Office Address: _____

Office Telephone Number: _____

Signature of Physician: _____

Applicant's Statement

I certify that answers given by me to all of the questions on this application are to the best of my knowledge and belief, true and correct, without mental reservations of any kind whatsoever. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application. I understand that any false statement or omission of material facts shall be considered sufficient cause for dismissal.

I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision.

This application for membership shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for membership beyond this time period I should inquire as to whether or not applications are being accepted at that time.

I understand that if I become a member of the Daphne Volunteer Fire Department, such membership does not constitute membership for any fixed or guaranteed period of time and that such membership, including any and all terms and conditions relating thereto whether presently in existence or adopted at some later date, is and are terminable in accordance with the policy, procedure, and practice of the Daphne Volunteer Fire Department and the City of Daphne.

I elect to be a member of a drug-free organization and agree to all provisions in the Drug and Alcohol Policy set forth by the City of Daphne.

I understand, also, that I am required to abide by all rules and regulations of the Daphne Volunteer Fire Department and the City of Daphne.

Signature of Applicant

Date

FOR APPLICATION COMMITTEE USE ONLY

Application Received Complete: _____

- Medical Recognition
- Copy of Driver's License
- Completed Drug and Alcohol Consent/Release
- Investigation Consent Form and Receipt of Summary of FCRA Rights
- Motor Vehicle Record (MVR)

This application has been reviewed and approved for processing:

By _____
VOLUNTEER FIRE CHIEF

DATE

- Background check complete and approved by Human Resource
- Background check reflected negative items and is not approved by Human Resource