

MIDDLE CREEK VOLUNTEER FIRE DEPARTMENT

5717 KY-114
PRESTONSBURG KY 41653
apply@middlecreekfire.com

VOLUNTEER MEMBERSHIP APPLICATION

DATE: _____ POSITION APPLYING FOR: _____

PERSONAL:

Name: Last _____ Middle _____ First _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Citizenship: _____ USA _____ Naturalized _____ Alien (Temporary) _____ Alien (Permanent)

Address: _____

City _____ County _____ State _____ Zip _____
Email: _____ Residency Status: _____ Kentucky _____ Non-Kentucky

Telephone: _____ Home _____ Work _____ Cell _____

Cell Phone Provider: _____ Home Phone Provider: _____

Driver's License Number: _____ State: _____ Class: _____

Restrictions or Endorsements (If yes, Describe): _____

Traffic Citations in last 3 years (If yes, List): _____

Felony Convictions in last 7 years (If yes, List): _____

EDUCATION:

High School Graduate: _____ Yes _____ No _____ GED _____ In School

College (Mark highest year completed): _____ 1 _____ 2 _____ 3 _____ 4 _____ Higher

Areas of Study: _____

SECURITY INFORMATION

A criminals records check will be conducted as a condition of employment.

A. In the last five years have you ever been convicted or pled guilty to any criminal offence? _____ YES _____ NO

B. Is there now pending against you, any criminal proceedings, or charges? _____ YES _____ NO

If your answer to A or B is yes, a detailed explanation MUST be written out: _____

I hereby certify that all information on this form is true, complete, and correct to the best of my knowledge. I understand that submitting false information is cause for dismissal. I understand a criminal background check and driver's license check are requirements for employment with Middle Creek VFD. I agree to random drug screenings.

Signature of Applicant: _____

Date: _____

FIRE/EMS/RESCUE TRAINING/EXPIREANCE

TRAINING:

None _____ Prior Training (Experience Level) _____ If expired, Date expired _____

Present Qualifications:

- Basic First Aid
- Advanced First Aid
- First Responder State: _____ FR No.: _____
- EMT-B State: _____ EMT No.: _____
- EMT-A State: _____ EMT No.: _____
- Paramedic State: _____ Medic No.: _____
- RN / LPN
- Firefighter Certification Level: _____ KY Firefighter No.: _____
- Other: _____

- If yes to any of the above, list expiration date(s) if applicable:

EXPIREANCE:

- Fire Department _____
- Ambulance Service _____
- Rescue Squad _____
- Forestry _____
- Law Enforcement _____
- E.R. _____
- Other _____
- None

- Please list agency name and city of each above

PRIOR FIRE/RESCUE TRAINING:

Please list any and all previous or current certifications:

REFERENCES (No Relatives):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Signature: _____ Date: _____

EMERGENCY NOTIFICATION / MEDICAL

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relation: _____ Phone: _____
Alt Phone: _____ Address: _____

Name: _____ Relation: _____ Phone: _____
Alt Phone: _____ Address: _____

Name: _____ Relation: _____ Phone: _____
Alt Phone: _____ Address: _____

Primary Care Physician: _____ Phone: _____

Allergies: _____

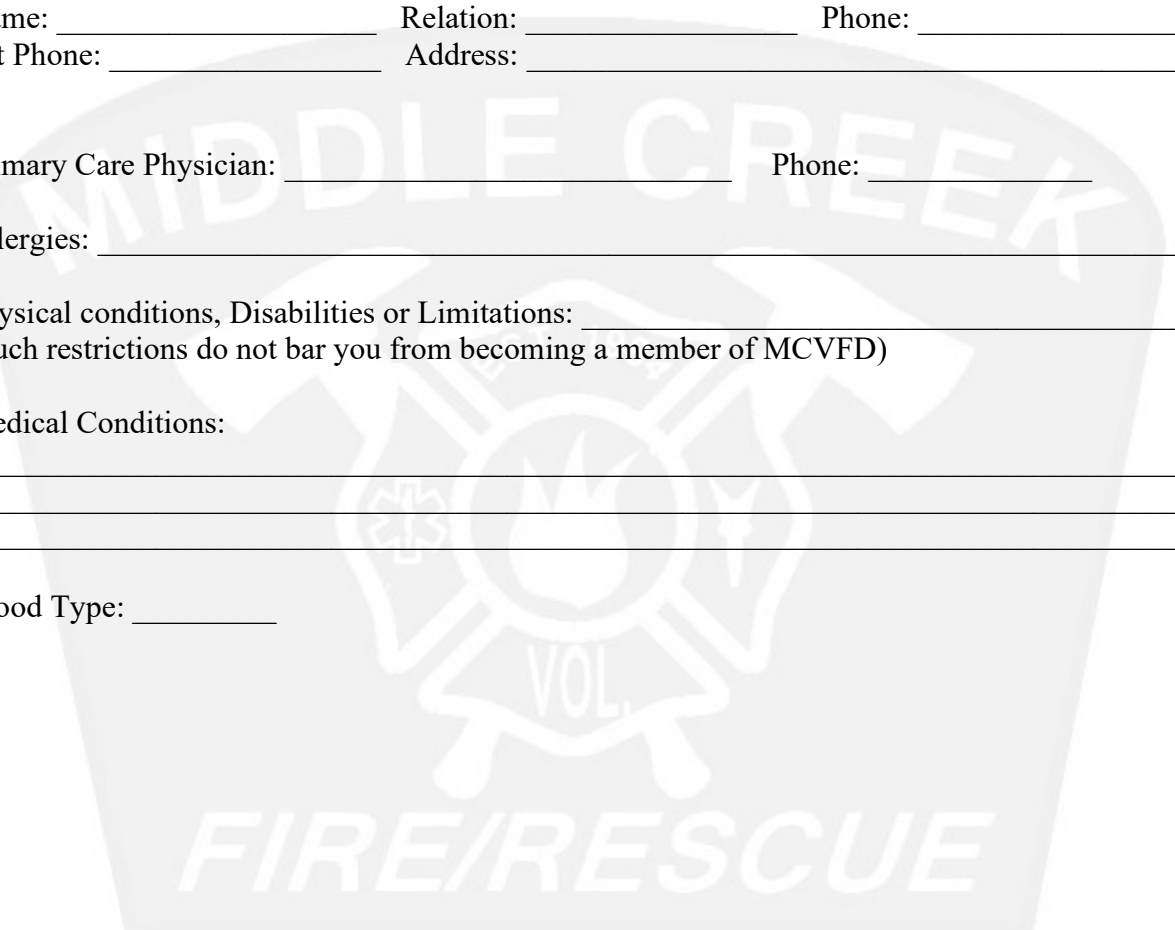
Physical conditions, Disabilities or Limitations: _____
(Such restrictions do not bar you from becoming a member of MCVFD)

Medical Conditions:

Blood Type: _____

Signature: _____ Date: _____

MCVFD is equal opportunity and does not discriminate against persons because of race, age religion, sex, disability, color, or nationality of origin.





MIDDLE CREEK VOLUNTEER FIRE DEPARTMENT (EMS Protocols Acknowledgment)

Effective: January 1st, 2018; The Middle Creek Volunteer Fire Department in the provision of emergency medical services, in accordance with the regulations approved by the Kentucky Board of EMS, is hereby adopting and utilizing the: (Basic Life Support Sections) of the “Commonwealth of Kentucky’s Patient Care Protocols – 06/17/2017 Revision”. Further, The Middle Creek Fire Department is **NOT** licensed to transport patients, or to provide patient care at or above (Basic Life Support), regardless of the fact an individual member of the department, may be licensed to provide a higher level of patient care; therefore all members are prohibited from doing so. Further, nothing in these protocols and/or regulations shall prohibit a member of Middle Creek Volunteer Fire Department from transporting and providing any level of patient care while working for a Kentucky licensed ambulance service; nor shall it prohibit any member from providing (Basic Life Support) and accompanying a patient and being transported by (Private Own Vehicle).

I _____, acknowledge the receipt of the “Commonwealth of Kentucky Patient Care Protocols – 06/01/17 Revision”, and the above regulations, and agree to provide emergency medical services accordingly. I furthermore acknowledge that in the provision of (Basic Life Support), that I can only provide patient care up to and within my individual scope of practice and training.

Membership’s Signature: Date:

Fire Chief’s Signature: Date:



Workforce Training/Firefighters Application for Admission/Registration

If you are currently enrolled at a KCTCS college or if you have completed THIS form in another course, you will need to check this box (Readmit), and complete: Name, Social Security Number or Firefighter Number (if applicable), Address and Signature.

Name _____
First Middle Last Preferred Name

Address _____
City County State Zip Code

Employer _____

List any phone number where we may contact you: _____ Cell Home Business

Email Address _____

*Gender: Male Female Date of Birth _____
Month Day Year

Citizenship Status US Citizen Yes No

If not a US citizen are you a permanent resident alien of the US? Yes No Resident Alien Number _____

*Do you consider yourself Hispanic/Latino? Yes No *In addition, select one or more of the following racial categories to describe yourself:
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

* Optional information requested for reporting purposes and will not be used in an admission decision.

Please list all the names that you have used on previous educational records. _____

Admit Status

- First-Time College Student
- High School (taking college courses prior to High School graduation)
- Visiting Student
- Non-degree
- Readmit (attended KCTCS previously)
- First-Time Transfer (Are you eligible to return to your former college?) Yes No

High School Attended

(If you earned a GED enter GED for High School.) High School Name _____ City _____ State/County _____

High School Graduation Date _____ or GED Completion Date _____ or Last Date of Attendance _____

Other postsecondary institutions attended and dates: (An official transcript from each institution listed is required for admission.)

College _____ City _____ State _____ Dates Attended _____

Residency Status Kentucky Non-Kentucky Have you lived in Kentucky for the last 12 months? Yes No
How long have you been living in your non-Kentucky county? _____

Firefighter Students Only

County Name _____ County Number _____
Fire Department # _____ Firefighter# _____
Fire Department Name _____ KCTCS Home College _____

College Use Only:

Home College Code _____ Empl ID _____

Academic Plan Workforce Non-Degree 9002000000 Fire SciTech 4302037019 Other

Course Number _____ Course Title/Topic _____

Peoplesoft Class Number _____ Fee _____ Start/End Dates _____

Starting Term Summer Fall Spring _____ Year

Date _____ Signature _____

* Optional information requested for reporting purposes and will not be used in an admission decision.



REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Middle Creek Volunteer Fire Department / 5717 KY-114 Prestonsburg KY 41653

Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or a volunteer position with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date

Witness Date

INSTRUCTIONS:

The Requesting agency must confirm that all application information is completed accurately and legibly.

Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>

MIDDLE CREEK VOLUNTEER FIRE DEPARTMENT

FIRE DEPARTMENT USE ONLY

- Add new Firefighter/Membership Date: _____
- Change data on Firefighter/Member Date: _____
- Firefighter/Member Deceased Date: _____

County: Floyd
County Code: 036
Fire Department Name: Middle Creek Volunteer Fire Department
Fire Department Number: 718

Member Name: _____

Firefighter Number: _____ SSN: _____

Members Badge Number: _____

Employment Date in this Department (mm/dd/yyyy): _____

- Status:
- Active Date: _____
 - Inactive Date: _____

1st Probation begin date: _____ Voted for full membership date: _____

New Member Voted: (Check one) On _____ Off _____ Sworn in date: _____

2nd Probation begin date: _____ Voted for full membership date: _____

New Member Voted: (Check one) On _____ Off _____ Sworn in date: _____

Authorizing Signatures:

Fire Chief: _____ Date: _____

Asst. Chief: _____ Date: _____

President: _____ Date: _____

Vice President: _____ Date: _____

Secretary _____ Date: _____

Tressure _____ Date: _____

Captain: _____ Date: _____

Lieutenant: _____ Date: _____