

# CRANE VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

*Station Address:*  
120 N. Commerce  
Crane, MO 65633

*Mailing Address:*  
P.O. Box 17  
Crane, MO 65633  
417.723.8305 business phone

Dear Prospective Member:

Thank you for your interest in becoming a member of the Crane Volunteer Fire Department (CFD). The level of commitment required for our members is unlike any other volunteer organization however the rewards are unique and satisfying. This letter briefly describes the membership categories and the basic requirements for our members. We encourage you to contact one of our Operational or Administrative Officers to learn more about our role in the community and the level of commitment expected of our members *before* you commit your time and talent to your community by becoming an active member of our department.

The Crane Volunteer Fire Department is department of the City of Crane municipal government. Its purpose is to provide fire fighting, fire prevention, rescue and any other activity which affects the safety of the inhabitants of the City of Crane and the neighboring areas.

The Crane Volunteer Fire Department has three types of membership:

**JUNIOR MEMBERSHIP:** A firefighting/first responder member who is sixteen or seventeen years of age and resides or works within the primary response or immediate surrounding area. A junior member will not enter burning structures, respond to mutual aid calls and/or rescue calls and must complete a four month probation period which he/she will be considered a conditional junior member. During the probationary period he/she will attend fifty percent of all departmental training. After completion of conditional status, the junior firefighter must attend six hours of scheduled drills each quarter. A junior member must complete training as required for members.

**REGULAR MEMBERSHIP:** A firefighting/first responder member who is at least eighteen years of age and resides or works within the primary response or immediate surrounding area. Must complete a four month probation period in which he/she will be considered a conditional regular member. During the probationary period he/she will attend fifty percent of all departmental training. After completion of conditional status, the regular firefighter must attend six hours of scheduled drills each quarter. A regular member must complete training as required for members.

**ASSOCIATE MEMBERSHIP:** A non-firefighting member who is at least twenty-one years of age. Must complete a four month probationary period in which he/she will be considered a conditional associate member. During the probationary period he/she must attend three regular business meetings. After completion of conditional status, the associate members must attend fifty percent of all business meetings. Associate members will not answer fire/emergency calls and are not required to attend training drills.

Thank you once again for your interest in becoming a member of the Crane Volunteer Fire Department. Your application will be taken into consideration. You will be notified once your application has been processed.

Sincerely,  
Richard Dickerson  
Crane Fire Chief



## CRANE VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

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### PERSONAL INFORMATION

Name: (Last, Middle, First)	Date of Birth:
Address: (Street, City)	Social Security Number:
	Subdivision:
Home #:	Cell/pager #:
Work #:	Email Address:

Race: (optional)	Gender:	Weight:	Height:
Hair:	Eyes:	Scars:	

Drivers License #:	State:	Type/Class:
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### TYPE OF MEMEBERSHIP

Which CVFD membership type do you have an interest in pursuing?

<input type="checkbox"/> REGULAR MEMBERSHIP [Fire Suppression (Firefighter/First Responder)] (18 years of age or older)
<input type="checkbox"/> JUNIOR MEMBERSHIP (16 or 17 years of age)
<input type="checkbox"/> ASSOCIATE MEMBERSHIP (21 years of age or older)

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### EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:
Doctor Name:	Doctor Phone:

## FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **fire organization** membership and **fire fighting** training with inclusive dates:

Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	

List previous **Emergency Medical Service** affiliation and training with inclusive dates (list highest level of training, expiration date of certification and organization):

#1:
#2:
#3:

List any or all other volunteer organizations you are or have been a member (NAME and LOCATION):

#1:

#2:

#3:

#4:

Please tell us briefly why you would like to become a member of the Crane Volunteer Fire Department.

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## EMPLOYMENT HISTORY

List below all previous employers in last 5 years starting with most current: (use additional paper if necessary)

Current Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
	Supervisor's Telephone:

## REFERENCES

Please list **three** character references

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	

## CRIMINAL HISTORY

Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations?

YES  NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES  NO

Have you ever forfeited a bond?

YES  NO

If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

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## MEDICAL HISTORY

Have you ever been diagnosed as, or been treated for having any of the following?

Diabetes	Cardiovascular Problems (Heart Disease)
Emphysema	Cerebrovascular Accident (Stroke)
Tuberculosis	Hypoglycemia (Low Blood Sugar)
Epilepsy	Eyesight Defects                      Corrected?
Cerebral Palsy	Hearing Defects                      Corrected?
Nervous Disorders	Lifting Restrictions

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

If YES to any of these questions, explain in detail (use additional paper if needed).

Please read and sign:

I, \_\_\_\_\_ hereby make application for membership in the Crane Volunteer Fire Department.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE CRANE FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**For your membership application to be complete (BEFORE you turn it in), you must:**

- Provide all information requested in this application including signature (use N/A when an item is 'not applicable' to you)
- Complete Authorization to Release Information Form (Notarized)
- Junior Members: Must complete Junior Membership Form (Notarized)
- Contact an Officer of the Department to discuss membership requirements

How did you hear about us? (for example, Friend / Local Posting / Webpage)

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**FOR DEPARTMENT USE ONLY**

Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	

Type of Membership:		
<input type="checkbox"/> Regular	<input type="checkbox"/> Junior	<input type="checkbox"/> Associate

Date Presented to Fire Chief:	
Fire Chief Decision:	

**Application Consent and Release**  
**JUNIOR MEMBERSHIP ONLY**

I, \_\_\_\_\_, age \_\_\_\_\_, hereby request permission to participate in weekly drills, firefighting and other activities of the Crane Volunteer Fire Department. It is understood and agreed that I will not enter burning structures or respond to Mutual Aid or Rescue Calls.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

The above application is made with my knowledge and consent, and I hereby waive any and all rights I may have as a Parent of the above named minor to recover damages to person or property which may be incurred by said minor as a result of participation in the above stated activities.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**

Address: \_\_\_\_\_

STATE OF MISSOURI )

COUNTY OF STONE )

BEFORE ME, the undersigned authority on this day appeared before me \_\_\_\_\_ who (known to me to be person whose name is subscribed to be foregoing instrument) and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal  
of office this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_  
Notary Public in and for  
\_\_\_\_\_ County, Missouri.

ACCEPTD for the Crane Volunteer  
Fire Department this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**Chief, Crane Fire Department**

**CRANE VOLUNTEER FIRE DEPARTMENT  
MEMBERSHIP APPLICATION  
AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish the Crane Police Department and the Crane Fire Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privilege nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility as a Member of the Crane Fire Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Volunteer Fireman.

Applicants Signature \_\_\_\_\_, date \_\_\_\_\_