

# White Pine Volunteer Fire Department

3208 School Street

P.O Box 1086

White Pine, TN, 37890

Phone: (865) 674-6568 Fax: (865) 674-6536

## VOLUNTEER FIREFIGHTER APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE? -YES NO

### EDUCATION

Name of High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name of Vocational School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name of College/University Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

### PREVIOUS FIRE RESCUE EXPIERIENCE

Name of Department: \_\_\_\_\_ Rank: \_\_\_\_\_

How long were you with the department? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMS EXPERIENCE

-YES NONE \*If YES, please fill out the section below\*

Name of Agency: \_\_\_\_\_ Rank: \_\_\_\_\_

How long were you with the agency? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

# WHITE PINE VOLUNTEER FIRE DEPARTMENT

## VOLUNTEER FIREFIGHTER APLLICATION

Do you have any medical condition(s) that would prevent you from doing physically demanding work of firefighting? \_\_\_\_ -YES \_\_\_\_-NO

Please check in the space provided the available times that you would be able to respond to emergencies:

Mon:	-6AM until Noon:	-Noon to 6PM	-6PM until 6AM
Tues:	-6AM until Noon:	-Noon to 6PM	-6PM until 6AM
Wed:	-6AM until Noon:	-Noon to 6PM	-6PM until 6AM
Thurs:	-6AM until Noon:	-Noon to 6PM	-6PM until 6AM
Fri:	-6AM until Noon:	-Noon to 6PM	-6PM until 6AM
Sat:	-6AM until Noon:	-Noon to 6PM	-6PM until 6AM
Sun:	-6AM until Noon:	-Noon to 6PM	-6PM until 6AM

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Have you had a complete physical within the last two years? \_\_\_\_\_

Do you have a vehicle that you can drive to training sessions and emergency calls? \_\_\_\_\_

Do you carry liability insurance on all vehicles that you may drive while participation in fire department activities? \_\_\_\_\_

Do you have health insurance coverage? \_\_\_\_\_

Do you have any felony convictions? \_\_\_\_\_

Do we have you permission to perform a background check? \_\_\_\_\_

Are you willing to submit to a drug test? \_\_\_\_\_

**WHITE PINE VOLUNTEER FIRE DEPARTMENT  
VOLUNTEER FIREFIGHTER APLLICATION**

**Personal References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Were you recruited by a member of White Pine Fire Department? \_\_\_\_\_

If Yes, please list the name of the member: \_\_\_\_\_

**Previous Employer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please describe the reason(s) you are interested in becoming a member of the White Pine Volunteer Fire Department:

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# WHITE PINE VOLUNTEER FIRE DEPARTMENT VOLUNTEER FIREFIGHTER APPLICATION

## JOB DESCRIPTION: VOLUNTEER FIREFIGHTER

The volunteer is responsible for work performed in combating, extinguishing, and preventing fires, and protection of life and property through firefighting activities. The volunteer firefighter performs other duties in areas such as responding to emergency medical calls, hazardous materials incidents, rescues, searches and other public safety or community service functions. Duties may also include other support services under close supervision of the fire officers or other fire department members. Independent judgment is sometimes used according to the situation and sometimes different courses of action must be considered to complete a task.

## EQUIPMENT/JOB LOCATION:

The employee will operate firefighting, rescue, and medical equipment to include but not limited to: nozzles, hoses, self-contained breathing apparatus, power saw, generators. Jaws, hydraulic tools, and medical life support equipment. A large part of volunteer's duty will be to attend supervised training, and maintaining equipment and the fire house.

All firefighting and emergency operations must be performed during all kinds of adverse weather and physical conditions.

The firefighter is exposed to extreme heat, smoke, hazardous chemicals, and falling materials, blood, and other dangerous and life-threatening situations.

## ESSENTIAL FUNCTIONS OF THE JOB:

Responds to fire alarms, connects hose, holds nozzle and directs water streams.

Forces entry of premises for firefighting, bars, hooks, lines, and other equipment.

Removes persons from danger, administers first aid to injured persons.

Positions and climb ladders to gain access to upper level buildings.

Performs salvage operations such as throwing covers, sweeping water and removing debris.

Carries charged hose line into structure for fire extinguishment.

Physically able wear complete set of protective clothing and self-contained breathing apparatus.

Participates in drills and attends training classes in firefighting, first-aid, and related subjects.

Performance of hazardous tasks under emergency conditions which may involve extreme exertion under such handicaps as smoke and cramped surroundings.

Performs extreme strenuous and physical labor for extended periods under some unfavorable climatic conditions, frequently lifting objects weighing 50 to 100 pounds.

Performs duties requiring bending, crouching, stooping, climbing, and crawling in buildings or close quarters that may be filled with smoke.

Drives and operates fire apparatus when properly trained to do so.

# WHITE PINE VOLUNTEER FIRE DEPARTMENT

## VOLUNTEER FIREFIGHTER APPLICATION

### ADDITIONAL EXAMPLES OF WORK PERFORMED:

Performs general maintenance work in the up-keep of fire department property; cleans and washed walls and floors, makes minor repairs, washes and dries hoses, washes windows and otherwise maintains quarters.

May operate departmental radio communications on special assignments, receives alarms and notifies appropriate personnel.

Participates in annual hose test, which involves unloading and reloading fire hose back on the fire apparatus.

Participating in flow testing fire hydrants, which involves taking caps off hydrants and opening up hydrants and checking water flow.

### REQUIRED KNOWLEDGE AND ABILITIES:

Ability to read, understand and act upon printed information.

Knowledge of fire prevention and State and City regulations as applied to fire fighting and prevention.

Knowledge of geographic area of White Pine Fire Departments response area.

Knowledge of general first aid.

Knowledge of firefighting equipment and its intended uses.

Ability to react quickly and calmly in an emergency situation and to determine the proper course of action.

Ability to learn to operate a variety of firefighting equipment.

Ability to learn to operate a large fire apparatus safely.

Ability to work under extreme weather conditions.

Ability to understand and follow oral and written instruction.

Ability to establish and maintain an effective working relationship with the public and other employees.

Ability to wear heavy protective clothing for extended periods of time.

Ability to climb ladders.

Ability to operate power equipment.

Ability to physically, mentally climb different heights and function in close quarters.

### QUALIFICATIONS:

Must have high school diploma or successfully completed GED test.

Must possess a valid driver's license issued by the State of Tennessee.

Must pass medical examination.

Must be able to pass a physical ability test administered by the department.

Must pass drug/alcohol screening.

Must attend firefighter training required by the State of Tennessee and the Town of White Pine Fire Department.



**White Pine Fire Department  
Name:**

General

<b>Department ID:</b>	1200
<b>Address:</b>	
<b>Address2:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	
<b>Email:</b>	
<b>Secondary Email:</b>	
<b>Home Phone:</b>	
<b>Mobile Phone:</b>	
<b>Carrier:</b>	
<b>Last 4 of SSN:</b>	
<b>Marital Status:</b>	
<b>Date of Birth:</b>	

Certifications

Immunizations

Emergency Contacts

<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Mobile Phone:</b>	<b>Mobile Phone:</b>	<b>Mobile Phone:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>	<b>Work Phone:</b>

Employer

**Name:**  
**Phone:**  
**Contact:**

Insurance

**Company:**  
**Beneficiary:**  
**Amount:**

Medical Preplan

**Past Medical History:**



**White Pine Fire Department  
Name:**

Medical Preplan Cont.

<b>Allergies:</b>	
<b>Blood Type:</b>	
<b>Preferred Hospital:</b>	
<b>Primary Physician:</b>	
<b>Medications:</b>	
<b>Notes:</b>	

Uniform Sizes

**Coat:**  
**Pant (waist):**  
**Pant (inseam):**  
**Shoe:**  
**Gloves:**  
**Shirt:**  
**Hat:**

Background Check: Department Use Only

<b>Last Date:</b>	
<b>Notes:</b>	

Notes

# WHITE PINE VOLUNTEER FIRE DEPARTMENT

## VOLUNTEER FIREFIGHTER APLLICATION

- I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize the investigation of all statements contained herein and the references listed on the application to give you any and all information concerning any pertinent information that they may have.
- I release all parties from liability for any damage that may result from furnishing the same. I agree that I will abide all laws, rules. Regulations and will follow the operation guidelines as prescribed by the Town of White Pine Fire Department.
- I understand that I will be subject to an initial mandatory drug and alcohol screening and will also be subject to random drug and alcohol screenings during my tenure with the department.
- I also understand I will have to participate in a physical fitness agility test which Is performed by the East Tennessee Comprehensive Rehab Center in Morristown.
- I understand that I will be placed upon probation for no less than 90 days when my application has been approved by the department.
- I understand that I must attend a 16 hour introductory class by the Tennessee Fire Service and Codes Enforcement Academy in firefighting procedures and techniques or complete equivalent training approved by the Tennessee Commission on Firefighting Personnel Standards and Education before being allowed to respond on any emergency calls.
- I understand I must complete an annual medical exam conducted by Rural Medical Services and be fitted for an air mask to comply with OSHA Respiratory Training Standard before being allowed to participate in any interior firefighting operations or the use of any self contained breathing apparatus or respirator.
- I understand I must complete the Live and Basic Firefighting 86 hours class under the Direction of Tennessee Fire Service and Codes Academy within one year of joining the department.
- I understand that I may be excused from the department by the Fire Chief with no fault or liability at any given time.

IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE STATEMENT/QUALIFICATIONS OR JOB DESCRIPTION, PLEASE CONTACT THE DEPARTMENT FOR ADDITIONAL INFORMATION BEFORE SIGNING BELOW.

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PRINTED NAME

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SIGNITURE

DATE: \_\_\_\_\_

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DEPARTMENT USE ONLY (Date approved/Probationary Period)

**Please return this completed application to White Pine Fire Department. Monthly Meetings are held on the 1st Monday of each month 6pm and Monthly Trainings are held on the second Monday of each month 6pm. Applications can be hand delivered, emailed to [whitepinefiredept@gmail.com](mailto:whitepinefiredept@gmail.com), or mailed to PO Box 1086.**