

## Lake Saint Louis Fire Protection District Application for Volunteer Membership

Dear Applicant:

Thank you for your interest in the Lake Saint Louis Fire Protection District. Volunteering can be a very rewarding endeavor, especially in the fire service. Our District relies heavily on volunteers to perform firefighting duties, emergency medical services, rescue and much more in servicing our citizens.

These responsibilities require a great deal of commitment and teamwork. Please consider these minimum requirements in applying for membership:

- Complete a minimum of 30 hours of training every six months (January-June and July-December)
- Complete twelve, 12-hour manning shifts every six months (January-June and July-December)
- Complete the District's Driver Training Program within the first year of membership
- Respond to calls for service
- Complete annual Physical Agility testing
- Participate in public relations events including 4<sup>th</sup> of July Fireworks, Open House, Team Santa, Triathlon and water ski show standbys, etc.
- Participate in various committees
- Complete equipment checks and fire house duties

In addition, if selected to join our team, your first year of service will be probationary and subject to review.

Our members understand the importance of customer service. They take initiative, follow procedures, maintain high standards, promote teamwork, and display professionalism at all times. *Your choice* to become a volunteer will take self-motivation, a considerable commitment of time and the same competencies as the rest of our team. If you are willing, we welcome your application for consideration.

Sincerely,

A handwritten signature in blue ink that reads "Dave Lewis". The signature is written in a cursive style with a large initial 'D'.

Dave Lewis  
Captain  
Lake Saint Louis Fire Protection District

## Application Checklist

**The following documents must be submitted to be considered for membership. Incomplete applications will not be processed or retained.**

- Completed and signed Application for Volunteer Membership
- Satisfactory criminal background check for Missouri Firefighters and EMT's obtained from Missouri Criminal Records, LLC ([www.mocriminalrecords.com](http://www.mocriminalrecords.com))
- Signed and Notarized Authorization for Release of Information
- Copy of High School diploma or equivalent
- Copy of valid Missouri Driver's License
- Proof of satisfactory medical/sports physical exam (within last 12 months)



Missouri State Certified Firefighter II? Yes No Certificate No.: \_\_\_\_\_ (Attach Copy)

Valid CPR / AED Card Held? Yes No Issued by: \_\_\_\_\_ Expires: \_\_\_\_\_ (Attach Copy)

Valid Missouri EMT License? Yes No License No.: \_\_\_\_\_ (Attach Copy)

Valid Missouri Paramedic License? Yes No License No.: \_\_\_\_\_ (Attach Copy)

When was your last medical or sports physical examination: \_\_\_\_\_ (Attach Copy)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
Name and phone number

In case of emergency notify: \_\_\_\_\_

Name	Relationship	Contact Number
Do you, or have you ever had heart trouble or coronary disease?.....	Yes	No
Do you have high or low blood pressure?.....	Yes	No
Do you have diabetes?.....	Yes	No
Do you ever feel faint or have dizzy spells?.....	Yes	No
Do you have high cholesterol?.....	Yes	No
Do you wear glasses or contact lenses?.....	Yes	No
Do you use tobacco products?.....	Yes	No
Have you ever had a stroke?.....	Yes	No
Do you have epilepsy or seizures?.....	Yes	No
Do you have anemia?.....	Yes	No
Do you have asthma?.....	Yes	No
Do you take any medications on a regular basis?.....	Yes	No

Please list them: \_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any drugs or medications?..... Yes No

Please list them: \_\_\_\_\_  
\_\_\_\_\_

Please list any other skills, qualifications, training or pertinent information you feel would be beneficial for us to know as we consider your application for membership. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us or learn of volunteer opportunities with our organization? \_\_\_\_\_  
\_\_\_\_\_

Please list three references (not related to you):

1.	_____	_____	_____	_____
	Name	Address/City/State/Zip	Phone Number	Relation
2.	_____	_____	_____	_____
	Name	Address/City/State/Zip	Phone Number	Relation
3.	_____	_____	_____	_____
	Name	Address/City/State/Zip	Phone Number	Relation

### APPLICANT'S STATEMENT

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application, as it will be necessary for the Officers of this department to arrive at a decision regarding my possible membership.

I hereby authorize my current and former employers to release any information pertaining to my work record, work habits, and work performance while in their employment.

***I understand that as part of the application process for the position I must submit a copy of my local police (based on current address) records check of myself. I further understand that the department will do a more complete criminal records check via the Missouri State Highway Patrol.***

In the event I am accepted as a member I understand that false or misleading information given in my application or record check may result in termination.

I attest that I have read and understand the qualifications for the position in which I am applying and further attest that I either meet or exceed those qualifications.

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

\_\_\_\_\_  
Date



# Lake Saint Louis Fire Protection District

2533 Lake St. Louis Boulevard  
Lake St. Louis, MO 63367

Phone: (636) 561-9200  
Fax: (636) 561-9202

Jeffrey P. Smith  
Fire Chief

## MISSOURI STATE POLICE CRIMINAL HISTORY RECORD REQUIRED

Please visit [www.mocriminalrecords.com](http://www.mocriminalrecords.com) to obtain your state criminal background check.

Mo Highway Patrol Background Checks - Windows Internet Explorer

https://www.mocriminalrecords.com/

Google

Go

Bookmarks

122 blocked

Check

AutoLink

AutoFill

Send to

Settings

McAfee SiteAdvisor

Mo Highway Patrol Background Checks

Page

Tools

Listed with the Missouri State Highway Patrol

# MISSOURI CRIMINAL RECORDS, LLC

**Serving Customers Since 1996**

### Order Your Background Check Now!

**Missouri Firefighters and EMT's  
Required Background Checks Click Here**

**Providing Missouri Criminal Record Background Checks  
on the Internet**

Each criminal record search that is requested is conducted by the Missouri State Highway Patrol Criminal Records Division (CRID). These searches provide our clients with the following information:

- List of previous convictions
- List of all arrest documentation
- Missouri Sex Offender list search which lists any crime labeled as a sex offense and includes sentencing data.

Client Login  
New User  
EMT Login  
New Accounts  
Prices  
Response Time  
Definitions  
School District Information  
Clients

Revised Application - Trad and Res Vol - Microsoft Word

100%

start

Inbox - Micros...

Untitled - Mes...

admission req...

Revised Applic...

Mo Highway P...

1:35 PM

Click on the link **Order Your Background Check Now!** And follow the on scene instructions. There is a small fee required.

Once you receive your background check include a copy with your application when you submit it for consideration.



# Lake Saint Louis Fire Protection District

2533 Lake St. Louis Boulevard  
Lake St. Louis, MO 63367

Phone: (636) 561-9200  
Fax: (636) 561-9202

Jeffrey P. Smith  
Fire Chief

## AUTHORIZATION FOR RELEASE OF INFORMATION TO THE LAKE SAINT LOUIS FIRE PROTECTION DISTRICT

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LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
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FULL MAILING ADDRESS	TELEPHONE	SOCIAL SECURITY NO.
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**TO WHOM IT MAY CONCERN:** I am an applicant for employment / membership with the Lake Saint Louis Fire Protection District. The district needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Lake Saint Louis Fire Protection District.

I hereby authorize any representative of the Lake Saint Louis Fire Protection District bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lake Saint Louis Fire Protection District, whether said records are of public, private, or confidential nature. These records include but are not limited to hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies, and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lake Saint Louis Fire Protection District to consider in determining my suitability for employment / membership in the district. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, employees, or related

personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, me heirs, family, or associates because of compliance with this information upon request of the duly

accredited representative of the Lake Saint Louis Fire Protection District regardless of any agreement I may have made with you previously to the contrary. The Lake Saint Louis Fire Protection District will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representative's request.

For and in consideration of the Lake Saint Louis Fire Protection District's acceptance and processing of my application for employment / membership, I agree to hold the Lake Saint Louis Fire Protection District, its agents and employees harmless from any and all claims and liability associated with my application for employment / membership or in any way connected with the decision whether or not to employ me / grant membership with the Lake Saint Louis Fire Protection District. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552c, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Lake Saint Louis Fire Protection District in conjunction with employment / membership procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fee, arising out of or by reason of complying with this request.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**Notary**

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the above person, personally appeared and satisfactorily proved themselves to be the person whose name is subscribed to within this instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained.

State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

# APPLICANTS ACKNOWLEDGEMENT

This is to acknowledge that I have or will read the Lake Saint Louis Fire Protection District's Standard Operating Guidelines and Volunteer Member Handbook. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth therein.

If I have questions regarding the content or interpretation of any District rules, policies, regulations, guidelines or procedures I will bring them to the attention of a District Officer.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

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## OFFICE USE ONLY BELOW THIS LINE

Date Application Returned: \_\_\_\_\_ Received by: \_\_\_\_\_

Confirm Copies of: Drivers License \_\_\_\_\_ High School Diploma / GED \_\_\_\_\_

Medical/Sports Physical (12 months or less) \_\_\_\_\_

Missouri Records Check \_\_\_\_\_

Also possibly copies of:

CPR Card \_\_\_\_\_ FF I/II Cert. \_\_\_\_\_ EMT License \_\_\_\_\_ Paramedic License \_\_\_\_\_

Committee Review of Qualifications: \_\_\_\_\_

Physical Agility Testing Results: \_\_\_\_\_

Committee Final Review: \_\_\_\_\_

Applicants Status: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Date Probation Stated: \_\_\_\_\_