

Hovland Area Volunteer Fire Department Membership Application

Mission Statement: *The Hovland Area Volunteer Fire Department will safely provide fire and medical first response service for the Hovland area fire district and provide mutual aid to neighboring departments and agencies.*

Date filling out application _____

Please mark the department that you are volunteering for:

Firefighter _____ EMS _____ STOP Team _____

Name: _____
(Last) (First) (Middle)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Email : _____

Cell Phone: _____ Work Phone: _____
(Optional) (Optional)

Date of Birth: _____ Drivers License number: _____

Are you legal to drive _____yes _____no Class of Drivers License _____

Do you have any physical or health limitations: _____yes _____No

Please include allergies and other health issues that the department should be aware of (bees, aspirin, asthma)

(Please write down health limitations, allergies, or medication that could limit driving or that the department should be aware of)

The Firefighters have training on the 2nd and 4th Thursday of the month. STOP training is held on the 4th Thursday, occasionally on the 2nd Thursday of the month. EMS training date is designated by the EMS Captain and they also participate with the Firefighters training. It is important that when you are signing up as a member you realize that you are expected to come to training.

For those applying for Firefighter

Have you been certified in FF1 & 2 _____ **Yes** _____ **No**
(Please supply certification if yes)

Are you willing to take the FF1 & 2 course if not already certified. _____ **Yes** _____ **No**
(Approximately 150 hours to be finished in one year and tested)

Applying for EMS

Have you been trained and current certification to be an EMS _____ **Yes** _____ **No**
(Please supply certification if yes)

Are you willing to take the course if not certified _____ **Yes** _____ **No**
(approximately 50-60 hours)

Applying for STOP Team

STOP training certification is an all day course (Usually a Saturday) along with extra training. Training is held monthly-

I Understand that I must commit to the training to be able to join the STOP team.

Signature:

Please mark what applies to you for all departments:

_____ CPR Certification _____ First Aid Certification

_____ Wildland Certification _____ SAR Certification

Emergency contact Information:

Name: _____ **Relationship** _____

Phone number we should use to contact _____

Name: _____ **Relationship** _____

Phone number we should use to contact _____

Date application is accepted by Board _____

Chiefs Signature _____