

# Coteau Fire Department

Coteau Fire Protection District / Coteau Volunteer Fire Department

## VOLUNTEER APPLICATION

If questions are not applicable, enter "N/A." Be sure to sign when completed.

**Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
(Legal Name) (Last) (First) (Middle)

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security No.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Physical Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Carrier:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone #** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Beneficiary:** \_\_\_\_\_

Are you at least 18 years of age?  YES  NO If NO, When? \_\_\_\_\_

Do you have a Valid Louisiana Driver's License:  YES  NO

If YES, License # \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Endorsements/Restrictions: \_\_\_\_\_

**Vehicle Information:** \_\_\_\_\_  
(Year) (Make) (Model)

Inspection Tag Expiration: \_\_\_\_ / \_\_\_\_

**Insurance Company:** \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever applied for or been a member of the Coteau Volunteer Fire Department?

YES  NO If YES, Please Explain: \_\_\_\_\_

How were you referred to the Coteau Volunteer Fire Department?

N/A

Member Referral

Other Fire Department

Social Media

Other \_\_\_\_\_

Have you ever been accused of unlawful discrimination, including sexual harassment?

YES  NO (If your answer is "YES," please explain. An affirmative answer will not necessarily disqualify you.)

Have you ever been convicted of a felony?  YES  NO

If your answer is "YES," please explain. (A conviction may not disqualify you, but a false statement will.)

**Education Information**

(NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certificates and registrations.)

Indicate Highest Grade Completed:

1  2  3  4  5  6  7  8  9  10  11  12

Did you graduate from high school or receive GED?  YES  NO

Type of School	Name & Location of School	Dates Attended	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma - Degree	Major/Minor Fields of Study
Undergraduate Colleges or Universities							
Graduate Schools							
Technical, Vocational, or Business Schools							

## Certifications and Licenses

Please provide all licenses, certifications, or other authorizations related to the Fire – Rescue – EMS profession that you have acquired: membership classification, complete the following:

Certifications or Licenses	Date Issued	Expiration Date <i>(if applicable)</i>	Issuing Authority	License # <i>(if applicable)</i>

## **Special Training/Skills/Qualifications:**

List job-related training or skills not listed above that you possess.

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## Employment Information

Are you presently employed?     YES     NO

If YES, may we contact your employer for a reference?     YES     NO

### **Current Employer:**

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Average Hours Worked per Week	Work Schedule
Does your position allow you to leave work for an Emergency Call?		



# Coteau Fire Department

2325 Coteau Road – Houma, LA 70364

(985) 868-4355

## **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate standalone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Coteau Fire Protection District/Coteau Volunteer Fire Department** at any time after receipt of this authorization and throughout my affiliation as an employment and/or as a volunteer, if applicable.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net)**.

\* I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current employer for Employment and Reference Verifications. (Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
\* **Printed Name**

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

\_\_\_\_\_  
\* **Date**

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

*(for searches conducted on minors under the age of 18)*

\_\_\_\_\_  
**Date**

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\* *Required Information*

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## PERSONAL DATA

**\* Name:**

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Name*

**\* Other Names Used** *(including Maiden Names):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Dates used:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Current Address:**

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City/State/Zip*

**\* Dates at above address:**

\_\_\_\_\_

**\* Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**\* Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\* Driver's License #** \_\_\_\_\_ **\* State Issued :** \_\_\_\_\_

**\* Email address:**

\_\_\_\_\_  
*Used for verification and confirmation)*

**Email to [volunteer@coteaufire.org](mailto:volunteer@coteaufire.org)**

*\* Required Information*