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:(Last		Nickname:			
(Legal Name) (Last Date of Birth:		(Middle) Social Security No			
hysical Address:					
Physical Address:))		
Mailing Address:	(Street)	(City) (State) (Zip	<u></u>)		
Home Phone: (
E-mail Address:					
Emergency Contact:		Relationship:			
Phone # ()			Beneficiary:		
Are you at least 18 ye Do you have a Valid	ears of age? 🛛 YE Louisiana Driver's Lie	Beneficiary:			
Are you at least 18 ye Do you have a Valid If YES, License #	ears of age? 🛛 YE Louisiana Driver's Lie Cla	ES 🗆 NO If NO, When? cense: 🗆 YES 🗆 NO			
Are you at least 18 ye Do you have a Valid If YES, License # Endorsements/	ears of age? 🛛 YI Louisiana Driver's Lie Cla 'Restrictions:	ES D NO If NO, When? cense: D YES D NO iss: Expiration Date:/,			
Are you at least 18 ye Do you have a Valid f YES, License # Endorsements/ Vehicle Information: _	ears of age? 🛛 YI Louisiana Driver's Lie Cla 'Restrictions:	ES NO If NO, When? cense: YES NO ass: Expiration Date:/,			
Are you at least 18 ye Do you have a Valid If YES, License # Endorsements/ Vehicle Information: _ Inspectio	ears of age? [] YE Louisiana Driver's Lie Cla 'Restrictions: (Year)	ES NO If NO, When?			
Are you at least 18 ye Do you have a Valid If YES, License # Endorsements/ Vehicle Information: _ Inspectic	ears of age? [] YE Louisiana Driver's Lie Cla 'Restrictions: (Year)	ES NO If NO, When? cense: YES NO ass: Expiration Date:/,			

How were you referred to the Coteau Volunteer Fire Department? 🛛 N/A							
	oer Referral	□ o	her Fire De	epartment		Social N	ledia
Other							
Have you ever	been accused O (If your answer is "				-		
Have you ever If your answe	been convicte er is "YES," please o		•		NO fy you, but a f	alse stateme	ent will.)
Education Info	rmation cants may be required to	provide proof c	ıf diploma, degre	e, transcripts, licer	nses, certificates a	nd registrations.)	
Indicate Highest (1 Did you graduate	2 🗌 3 🗌 4	5	□ 6 □ 7 GED? □] 9 🗌 10 10	L 11	□ 12
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 (if applicable)	Issuing Authority	License # (if applicable)

Special Training/Skills/Qualifications:

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

Employment Information

Are you presently employed?	YES	
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If YES, may we contact your employer for a reference?	🗌 YES	
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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?				

Additional information

Please use this space for any other information about yourself:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATED YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate removal of my application from consideration. I authorize the Coteau Volunteer Fire Department to secure information about my experience with my employer, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

2. I authorize the Department/District to perform the appropriate criminal history and motor vehicle record (MVR) checks as required for the application process and throughout my association with the Coteau Volunteer Fire Department and the Coteau Fire Protection District.

3. If I am accepted as a Member/Member-Responder of the Coteau Volunteer Fire Department, I will abide by the applicable Coteau Volunteer Fire Department and Coteau Fire Protection District policies, guidelines and procedures. I understand that I will be required to possess and maintain a valid Louisiana Driver's License, liability insurance and appropriate inspection tags on my vehicles while affiliated with the Coteau Volunteer Fire Department.

4. I understand and agree that unlawful harassment, whether on the basis of race, color, religion, national origin, sex, age, etc., or any other legally protected characteristic will not be tolerated.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this application form is true and correct.

Signature of Applicant: _____

Date

Coteau Fire Department

2325 Coteau Road – Houma, LA 70364

(985) 868-4355

<u>ACKNOWLEDGMENT AND</u> 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**.

* 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

* Required Information

Coteau Fire Department

2325 Coteau Road – Houma, LA 70364

(985) 868-4355

PERSONAL DATA

* Name:		
Last Name	First Name	Middle Name
* Other Name	es Used (including Maide	n Names):
		* Dates used:
* Current Ad	dress:	
Street Address		City/State/Zip
* Dates at ab	ove address:	
* Date of Bir	th: / /	
* Social Secu	rity Number:	_ - •
* Driver's Lic	ense #	* State Issued :
* Email addr	ess:	

Used for verification and confirmation)

Email to volunteer@coteaufire.org

* Required Information