

Coteau Fire Department

Coteau Fire Protection District / Coteau Volunteer Fire Department

VOLUNTEER APPLICATION

AUTHORIZATIONS AND ACKNOWLEDGMENTS

I hereby attest that I meet the eligibility requirements to submit this application to volunteer.

I confirm that:

- I am a legal citizen of the United States.
- I reside in the State of Louisiana, specifically in Terrebonne or Lafourche Parish.
- I am at least 18 years old.
- I possess a valid State of Louisiana Driver's License.
- I am able to pass a Criminal History Background Check.

I acknowledge that the Coteau Fire Department will conduct a Criminal History Background Check and authorize them to perform all necessary checks required for the application process and throughout my affiliation with the department.

If accepted as a volunteer, I understand that I will be required to pay annual dues*, I understand that I must maintain a valid Louisiana Driver's License, along with current vehicle registration, inspection tags, and liability insurance for the duration of my time with the Coteau Fire Department. I also acknowledge that I may be required to complete an evaluation period as part of my onboarding.

I authorize the investigation of all statements provided in this application. I understand that any falsification, misrepresentation, or omission of required information will result in the immediate removal of my application from consideration. Furthermore, I grant the Coteau Fire Department permission to obtain information regarding my experience from my employer, educational institutions, and relevant agencies, and I release all parties from any liability related to the disclosure of such information.

My signature below certifies that I have read, understand, and attest that all information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____

_____ Date

** Annual Dues are subject to change.*

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VOLUNTEER APPLICATION

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

Date of Birth: ____/____/____ Social Security No. ____ - ____ - ____

Address: _____, LA, _____
(Physical) (Street) (City) (Zip Code)

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Carrier: _____

E-mail Address: _____

Do you have a Valid Louisiana Drivers License? ____ YES ____ NO **(Provide a Copy)**

If NO, Please explain: _____

Education & Experience

Have you earned a High School Diploma or have received a State Issued GED?
____ YES ____ NO **If NO**, please indicate the highest grade completed: ____

Do you have any prior experience associated with Fire – Rescue – EMS services?
____ YES ____ NO **If YES**, Please provide your experience: _____

Do you have any certifications/licenses associated with Fire – Rescue – EMS Services?
____ YES ____ NO

Certifications or Licenses: **(Provide Copies)**

Employment Information

Are you presently employed? ____ YES ____ NO
May we contact your employer for a reference? ____ YES ____ NO

Employer: _____ Telephone: (____) ____ - ____

Address: _____, LA, _____
(Physical) (Street) (City) (Zip Code)

Work Schedule: _____ Type of Work Performed: _____

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FOR ADMINISTRATIVE USE ONLY

Application

Received	Reviewed	Submitted

Background Check

Submitted	Reviewed	Approval/Denial

Applicant

Interviewed	Notes
Approval/Denial	

Acceptance

CVFD	Notes
Approval/Denial	

Application

- ☐ Dues
- ☐ Valid License
- ☐ Certifications - Licenses

Additional

- ☐ Vehicle Registration
- ☐ Vehicle Inspection
- ☐ Vehicle Insurance

Notes

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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**.

* 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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PERSONAL DATA

*** Name:**

Last Name, Suffix

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)