

VOLUNTEER APPLICATION

Town of Algoma Fire Department



SUBMIT COMPLETED APPLICATION TO FIRE CHIEF

MAIL

Fire Chief Kevin Sawicki
Town of Algoma Fire Dept
2622 Omro Road
Oshkosh, WI 54904

EMAIL

ksawicki@toafd.net

APPLICANT INFORMATION

NAME

Last First Middle Initial

ADDRESS

Street Address Apartment/Unit #

City State Zip Code

PHONE

(###) ### - ####

EMAIL

DRIVER'S LICENSE NUMBER

SOCIAL SECURITY NUMBER

- ## -

ARE YOU 18 YEARS OF AGE OR OLDER?

Yes No

ARE YOU LEGALLY ELIGIBLE FOR
EMPLOYMENT IN THIS COUNTRY?

Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)?

Yes No

IF YES,
EXPLAIN:

IN THE PAST FIVE YEARS, HAVE YOU RECEIVED ANY DRIVER RECORD VIOLATIONS (SUSPENSIONS,
TICKETS, ACCIDENTS, ETC.)?

Yes No

IF YES,
EXPLAIN:



EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE

ADDRESS

Street Address

City

State

Zip Code

EMPLOYMENT

Please provide your current or most recent employment information.

POSITION

EMPLOYER

PHONE

EMPLOYMENT DATES
(MM/YY) - (MM/YY)

From

To

ADDRESS

Street Address

City

State

Zip Code

EDUCATION

**DO YOU HAVE A HIGH SCHOOL DIPLOMA
OR G.E.D.?**

Yes

No

**IF NO, INDICATE THE HIGHEST GRADE
LEVEL COMPLETED**

In the instance of multiple post-secondary achievements, please provide your highest or most relevant education details. You may always highlight additional education in the **Additional Education, Licenses, or Certificates** section.

**COLLEGE/
UNIVERSITY**

LOCATION

YEARS ATTENDED
(YYYY) - (YYYY)

From

To

DID YOU GRADUATE?

Yes

No

**PROGRAM/
MAJOR**

Area of study

DEGREE

Certificate, T.D., Associate, Bachelor's, etc.

**ADDITIONAL EDUCATION,
LICENSES, OR
CERTIFICATIONS**



VOLUNTEER EXPERIENCE

In the instance of multiple experiences, please provide your most relevant or most recent volunteer work details.

**ORG./
GROUP**

VOLUNTEER DATES
(MM/YY) - (MM/YY)

From

To

ADDRESS

Street Address

City

State

Zip Code

**ROLE(S)/
CONTRIBUTION(S)**

VOLUNTEER INTEREST

FIREFIGHTER

Yes

No

EMERGENCY MEDICAL RESPONDER

OTHER
PLEASE EXPLAIN

NARRATIVE

Please provide a brief explanation about why you would like to join the Town of Algoma Fire Department.

Please list any special skills, abilities, or experiences you believe would be beneficial to your role on the fire department.



REFERENCES

Please provide three professional or personal references.

NAME	<input type="text"/>	COMPANY	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>
ADDRESS	<input type="text"/>		
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
RELATIONSHIP	<input type="text"/>		

NAME	<input type="text"/>	COMPANY	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>
ADDRESS	<input type="text"/>		
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
RELATIONSHIP	<input type="text"/>		

NAME	<input type="text"/>	COMPANY	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>
ADDRESS	<input type="text"/>		
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
RELATIONSHIP	<input type="text"/>		



EXPECTATIONS & DISCLAIMER

MEMBER EXPECTATIONS

- Complete a 12-month probationary period.
 - For **firefighters** this includes:
 - Successful completion of Firefighter I (pending course availability).
 - Until completion of Firefighter I, a firefighter may not enter the "Hot Zone" on a call but can provide scene support.
 - For **emergency medical responders (EMRs)** this includes:
 - Successful completion of a state-approved EMR educational course (pending course availability).
 - CPR certification
- Attend 50% of training events.
 - Training is held 6:30pm - 9:00pm on the 1st and 3rd Monday nights of each month.
- Attend 50% of department business meetings.
 - Business meetings are at 7:00pm on the 2nd Wednesday of each month.
- Provide support for the department's major events/fundraisers, including, but not limited to:
 - Annual Car Show on the 3rd Saturday in August.
 - Annual Pancake Breakfast on the 1st Sunday in October.

My signature on this application acknowledges my authorization to release any information needed for a required background and driver license check. If accepted, I agree to comply with all requirements to remain in good standing with the fire department. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I certify that my answers are true and complete to the best of my knowledge.

SIGNATURE

DATE

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