

Stewart County Fire Rescue

Chief Jeff Milton
353 Leatherwood Rd.
Dover, TN 37058

Application for Membership

Name: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip _____

Employer: _____ Work Phone # _____

Driver License # _____ State of Issue: _____ Exp. Date: _____

Cell Phone # _____ Email Address: _____

Please check the position you are applying for:

Firefighter Rescue Only Driver K9 SAR Cadet/Explorer Auxiliary

Other: _____ Date Of Birth: _____

Do you have any physical or mental conditions which may limit your ability to participate in Fire Department activities? YES or NO

If yes, please explain: _____

Are you currently or have you recently been under the care of a physician? YES or NO

If yes, please explain: _____

Have you ever been convicted of a criminal misdemeanor or a felony? YES or NO

If yes, please explain: _____

Do you have automobile liability insurance? YES or NO

If yes, please list the company: _____

Do you have current medical insurance? YES or NO

If yes, please list the company: _____

Please list a family member or friend for an emergency contact:

Name: _____ Phone # _____

Relationship: _____ Alt. Phone # _____

Line of Duty Death Benefit Beneficiary Name: _____

T-Shirt Size _____

Stewart County Fire Rescue

Please list any training you have completed in the public safety field. Such as firefighting, EMS, HazMat, CPR, or other:

Please list at least three references that have knowledge of your character and capabilities. Please do not list family members. If applying for Cadet/Explorer membership, at least one of these should be a current HS teacher.

NAME	ADDRESS	PHONE NUMBER	Yrs. Known

I, _____, do hereby submit that the statements made in this application are true and correct to the best of my knowledge. I furthermore agree to accept the responsibilities as member of the Stewart County Fire Rescue and will, to the best of my ability abide by all Department rules and By-Laws as set forth by the department. I furthermore agree the Chief or Chief Officers of this department may at any time require proof or may contact others to verify my character and capabilities. I also attest that SCFR shall not be held liable for any accident that I may incur as a result of performing the duties of a firefighter or other position, while on the scene of an emergency, or during training evolutions. I also agree to complete a criminal background check and pre-membership drug screening.

Signed: _____ Date: _____

If applying for Cadet/Explorer Membership, a parent or guardian must also sign below.

Signed: _____ Relationship: _____
Parent or Guardian Signature

FOR CADET/EXPLORER MEMBERSHIP ONLY:

School Attending: _____ Circle Grade: 9 10 11 12

GPA last reporting period: _____

FOR DEPARTMENT USE ONLY:

Approved: _____ Date: _____
Station Captain

Approved: _____ Date: _____
District Chief

Approved: _____ Date: _____
Fire Chief

Station assignment: _____ Date of final approval: _____