



Application For Membership Wahoo Fire And Rescue

Wahoo Fire and Rescue would like to thank you for your interest in joining the department. The following is some information about the Fire Department and responsibilities of its members.

The Fire Department is up of 100% Volunteers. Our members perform skilled tasks including but not limited to Firefighting, Emergency Medical Services, Water Rescue, Confined Space Rescue, Ice Rescue, and many others.

We hold all our meetings on Wednesdays. EMS meeting is the 1st Wednesday of the month. The Fire Department business meeting is the 2nd Wednesday. Water Rescue is seasonal and held on the 3rd Wednesday of the month. Fire Department Training is held on the 4th Wednesday of the month.

All new members will be on probationary status for a minimum of 6 months from joining the Fire Department. That can be extended at the discretion of the Chiefs.

Please read and complete all sections of this application. After completion of application, please return to Wahoo Fire and Rescue by one of the means listed below:

Email: wahoofire@wahoo.ne.us

Fax: (888) 709-0945

Or

Drop off at City Hall



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The following is an application for membership to Wahoo Fire and Rescue. This department operates both Fire and EMS service for 71 square miles in Saunders County. This department is governed by The City of Wahoo and the Wahoo Rural Fire District.

Before this application is reviewed, the applicant must meet certain requirements. Among these requirements are:

- The applicant must be at least eighteen (18) years of age
- The applicant must possess a current valid Nebraska Driver's License



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Select which duties you are applying for:

Fire: _____ EMS: _____ Both: _____

Date: _____

Name: _____

Address: _____

Telephone: Home _____ Cell: _____

Email: _____

Date of Birth: _____ SS#: _____

Employer's Name: _____

Employer's Phone: _____ Length of Employment: _____

Highest Level of Education: _____

Are you a legal citizen of the United States: _____

Drivers License Number _____

List three character references, outside family and Wahoo Fire and Rescue:

_____	_____	_____
(Name)	(Address)	(Phone)
_____	_____	_____
(Name)	(Address)	(Phone)
_____	_____	_____
(Name)	(Address)	(Phone)



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Do you currently have any medical restrictions that would prevent you from performing the minimum required duties of the job?

Yes _____ NO _____ If yes, please explain:

Have you ever been convicted of any violations of the law other than parking violations?

Yes _____ No _____ If yes, complete the following:

Violation	Date	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all places of employment for the last five years to present date. Include addresses, supervisor, phone number, and reasons for leaving:

Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).



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List any training you have that would benefit Wahoo Fire and Rescue:

List any present or past members of Wahoo Fire and Rescue you know:

Why do you want to volunteer your time and services to Wahoo Fire and Rescue?

Do you belong to any other civic organizations that may compliment this activity?



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Waiver

I, the applicant, do understand, if my application is accepted by Wahoo Fire and Rescue, during the first six (6) months of service, I may be given a physical aptitude test for the purpose of determining my ability to perform the minimum required duties of the job. I also understand that this test may be used as a factor in the decision to accept or reject my application for membership to Wahoo Fire and Rescue. I will indemnify the department from all actions due to, or caused by, the participation in this test procedure.

Signature of applicant

Date



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Request for Information

To whom it may concern:

Date: _____

To: _____

Re: _____

Please accept this letter, and the attached authorization for the release of information, as a request for information on the above mentioned applicant in that the applicant has applied for the position of _____ with Wahoo Fire and Rescue. Please transmit any information and/or comments on the individual including personnel records, police reports, accidents reports, et.al. to the address listed below. Your prompt attention to this matter is appreciated.

Signature of Applicant

Date

Send information to:

Wahoo Fire and Rescue
605 N Broadway
Wahoo, NE 68066
Fax: 402-443-1520



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Statement of Application:

I understand that if I should be accepted as a member of Wahoo Fire and Rescue, I will uphold the constitution and bylaws of this department. I also agree to participate fully in all activities associated with Wahoo Fire and Rescue. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. **I also understand that any false statement of misrepresentation will result in immediate dismissal from Wahoo Fire and Rescue.**

Signature of Applicant

Date