



Application Form
Belle Plaine, Iowa
Volunteer Fire Department Membership

Name: (First, Middle, Last) _____

Street Address, City, State _____

Phone: _____

Birthdate: _____

Name and address of Employer: _____

Would your employer allow you to leave work for a call, or event? Yes / No

Please list any education and training pertinent to any or all aspects of firefighting or emergency medical services.

Are you a veteran or current member of the armed forces? Yes / No

If yes, please list military branch and years of service? _____

Any physical disabilities or impairments that would restrict heavy lifting, climbing, or rigorous physical exertion?

If yes, please explain _____

Do you have a fear of any of the following:

Confined space/claustrophobia? Yes / No

Heights? Yes / No

Water? Yes / No

Do you possess a valid Iowa driver's license? Yes / No

If no, please
explain: _____

Have you ever been convicted of a felony or violent crime? Yes / No

If yes, please
explain: _____

conviction does not automatically exclude membership approval

Why do you want to join the Belle Plaine Fire Department?

"I understand by signing that I am authorizing members of the Belle Plaine Fire Department to conduct a background investigation. I agree that all information provided above is truthful and to the best of my knowledge."

Signature and Date: _____