



# Volunteer Application

## DEADWOOD FIRE DEPARTMENT

737 Main Street

Deadwood, SD 57732

Telephone: (605) 578-1212 Fax: (605) 578-1190

Email: [firechief@cityofdeadwood.com](mailto:firechief@cityofdeadwood.com)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you over the age of 18? Yes  No

Junior members need to be between the ages of 14 and 17. Regular members need to be 18 years or older.

Are you legally eligible to be employed in the United States? Yes  No  (Proof of identity and eligibility will be required upon employment)

Have you been convicted of a felony in the last seven (7) years? Yes  No  If yes, please explain:  
(Such conviction may be relevant if job-related but does not automatically bar you from employment)

\_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? Yes  No  If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask.)

\_\_\_\_\_  
\_\_\_\_\_

Name of Employer:	Telephone Number: (____) _____ Can you receive personal calls at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	City/State/Zip:
Job Description:	

Emergency Experience:

Name	Rank	Date
Name	Rank	Date

Emergency Training Completed:

Course Description:	Date Completed:
Course Description:	Date Completed:

Description of skills that you can offer DVFD: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any special equipment that you have access to that would benefit you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

References:

Name:	Telephone Number: (     )
Address:	City/State
Name	Telephone Number: (     )
Address:	City/State
Name	Telephone Number: (     )
Address:	City/State

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me if job related. I thereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Senior applicant must complete a background check with the City of Deadwood at the department's expense.

I have read, do understand, and will fully comply with the above statement. This box must be checked.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Junior Only)

\_\_\_\_\_  
Date

\*\*\*\*\*

**FOR DVFD USE ONLY – DO NOT WRITE BELOW THIS LINE**

	Date	By Whom
Application Submitted to DVFD:	_____	_____
Application Reviewed by Officer:	_____	_____
Applicant Interviewed:	_____	_____
Applicant Accepted as Trainee:	_____	_____
Applicant Rejected:	_____	_____