



# Wild Rose Area Fire District

145 Grant Ave

Wild Rose, WI 54984

Phone: (920) 622-3699, Fax: (920) 622-4103

Welcome!

Thank you for your interest in becoming a member of the Wild Rose Area Fire District, your interest to serve your community is appreciated. The first step is to submit a completed application. The Wild Rose Area Fire District has two levels of active membership, Active Members, full privileges of the fire department and Cadet Members, age 14 to 18 that have no voice or vote and limitation on activities.

No previous training or experience is required to become a member but is recommended. The Wild Rose Area Fire District will provide the appropriate guidance and training for the new members as necessary. Once accepted into the Wild Rose Area Fire District there is a one (1) year probationary period. This is a time for the department to evaluate you and for you to evaluate the department. It is also required within one year from date of hire (with the option of an extension due to class availability) that you complete the needed training (Firefighter 1 and/or Emergency Medical Responder (EMR) and become NIMS compliant. You are required to participate as much as possible during this time so that you understand what type of commitment is involved with being a volunteer.

Your interest in joining the fire department and serving your community is appreciated. The public service nature of our operation requires that we carefully screen applicants; your honesty and careful completion of this application is required.

Please complete the application and attach the required paperwork. Attach any appropriate certification or letters that may assist the Fire District Membership in the decision making process.

Upon completion of these items, you may submit your application for review by the fire chiefs and hiring committee. The fire chiefs and hiring committee will review the application and bring it to the membership to act upon. The membership meets on the last Monday of each month at 7:00 pm at the fire station.

You need not to be present to be voted on, but this may certainly expedite the process if the membership has questions. If you have question or concern about the application process you may contact Fire Chief Allen Luchini at (920) 229-3911.

Upon completing the application please submit by mail to:

**Wild Rose Area Fire District  
Fire Chief Allen Luchini  
145 Grant Avenue, Wild Rose, WI 54984**

Thank you for your interest in the Wild Rose Area Fire District, and Good Luck,

*Wild Rose Area Fire District\_Fire Chief*



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## Application for Membership

Date of Application: \_\_\_\_\_

Type of membership requesting:     Firefighter     EMR     Cadet (age 14 to 18)

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (WORK/CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (WORK/CELL): \_\_\_\_\_



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Are you currently, or in the past year, receiving any type of benefits (Worker's Compensation, partial pension, etc.) resulting from an on-the-job accident or other disabling injury?

YES \_\_\_\_\_ NO \_\_\_\_\_ **if yes, please explain below:**

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Do you suffer from any condition that would prohibit you from participating in strenuous physical exertion normally associated with firefighting?

YES \_\_\_\_\_ NO \_\_\_\_\_ **if yes, please explain below:**

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Have you ever been convicted of a felony?

YES \_\_\_\_\_ NO \_\_\_\_\_ **if yes, please explain below:**

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Have you ever been convicted of a misdemeanor? (Include traffic violations)

YES \_\_\_\_\_ NO \_\_\_\_\_ **if yes, please complete below:**

DATE: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_

DATE: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_

\*Attach additional statement to explain circumstances of conviction if necessary.

## EDUCATION/TRAINING

Highest Grade Completed: \_\_\_\_\_

Do you possess a high school diploma or equivalent?

YES \_\_\_\_\_ NO \_\_\_\_\_ School Name: \_\_\_\_\_

College Degree: YES \_\_\_ NO \_\_\_ School Name: \_\_\_\_\_ Degree: \_\_\_\_\_



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## **FIRE/RESCUE & EMS EXPERIENCE**

Have you ever served in another fire/rescue department? Yes \_\_\_ No \_\_\_

If yes, complete the following:

Dates of Service: \_\_\_\_\_

Name of department \_\_\_\_\_ Phone # \_\_\_\_\_

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

Date of service: \_\_\_\_\_

List the highest rank you have held: \_\_\_\_\_

List any fire/rescue or related courses you have taken and where/how obtained:

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

*\*ATTACH COPIES OF ALL APPLICABLE FIRE TRAINING CLASSES, ETC.*

Fire Chief Name: \_\_\_\_\_

Address and phone #: \_\_\_\_\_

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

## **IMPORTANT INFORMATION – READ CAREFULLY**

### **EQUAL EMPLOYMENT OPPORTUNITY**

The Wild Rose Area Fire District values diversity in the workplace. Men and women of all ages, cultural and ethnic backgrounds, religious and political affiliation, national origins, and people with disabilities are encouraged to apply.

### **CERTIFICATION AND AUTHORIZATION**

Attached to this application are reference forms. Please have these form completed by persons knowledgeable of your character (relatives and employers excluded) and return them with your completed application. If you are under the age of eighteen, you must also obtain from the Wild Rose Area Fire District an attached signed parental consent form as well as a copy of your birth certificate.

The Wild Rose Area Fire District will check with proper authorities concerning any prior criminal history. Certain criminal histories could be cause for rejection of your application, however each case will be considered



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individually depending on the circumstances involved. I hereby authorize the Wild Rose Area Fire District to obtain background information for the use of application process only.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose materials misrepresentation, omissions or falsification, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be immediately terminated.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the conformation of these to release such information necessary for verification. I release any individual, institution, business or organization from any liability for damages, which might arise from the release of pertinent information.

I have read, or have read to me, the statement above and by my signature agree to these provisions.

\_\_\_\_\_  
SIGNATURE OF APPLICATION DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (for under the age of 18) DATE

**Upon completion of the application you are required to attach the following:**

- A copy of your valid state drivers license
- Copies of all your certifications
- Copies of birth certificate and parent consent form (only from applicant's under the age of 18)

***Wild Rose Area Fire District USE ONLY***

Date received: _____		Voted on date: _____	
Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Tabled <input type="checkbox"/>	Pager Agreement <input type="checkbox"/>
Bylaw Received <input type="checkbox"/>		Uniform Agreement <input type="checkbox"/>	
Date sworn in: _____		Probation Ends: _____	
<b>INTERVIEW REMARKS:</b>			
_____			
_____			
Lifetime Membership: _____		Date Applied for _____	
Date Approved _____		_____	
Signature of Fire Chief _____		Date _____	









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## **FOR CADET APPLICATION ONLY** **Release of Liability**

I, the parent / legal guardian of \_\_\_\_\_, do hereby release, acquit, discharge, indemnify, and hold harmless the Wild Rose Area Fire District, the Wild Rose Fire Department, their officers, personnel, employees, and agents from any and all causes of action, including personal injury, illness, death, property damage, cost, charges, claims, demands, and liabilities of whatever kind, name or nature in any manner arising from participation in the Wild Rose Area Fire District Cadet Program.

This agreement is intended to cover all claims for all injuries, fatal or nonfatal, and illnesses of every name, type, kind or nature and property damage, if any, which are or may be sustained or suffered from any cause whatsoever directly or indirectly connected with or arising out of by reason of participation in the Wild Rose Area Fire District Cadet Program.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date Signed

I understand that as a condition of my participation, I will abide by the rules and regulations of confidentiality as set forth by the Wild Rose Area Fire District, and that I shall not disclose any Patient, Employee or Company information to any source without prior written permission.

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

\_\_\_\_\_  
Date Signed