



# **COWARTS VOLUNTEER FIRE DEPARTMENT**

**P.O. BOX 246  
COWARTS, AL. 36321**

**LOCATION: 614 NORTH BROAD STREET  
COWARTS, AL.**

**TOWN HALL: 792-8920**

**CHIEF: ROGER NALL**

**ASST. CHIEF: JONATHAN NALL**

**TRAINING CAPT:**

**EQUIP. CAPT: MARK WINSLETT**

## **FIRE DEPARTMENT INTRODUCTION FOR APPLICANT**

Thank you for your interest in the Cowarts Volunteer Fire Department. Your membership into the department depends on you meeting the requirements for membership and openings within the department. The Cowarts Volunteer Fire Department is an Equal Opportunity Organization. We do not discriminate on basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation.

The Cowarts Volunteer Fire Department was formally organized in 1978. A Fire Chief, Assistant Fire Chief, Training Captain, and Equipment Captain head the department. The fire department is a part of The Town of Cowarts and not a separate incorporated entity. The Fire Chief is appointed by the Mayor and Council and serves at their discretion. The Assistant Chief and two Captains are appointed by the Chief and approved by the membership. The Fire Chief has the ability to appoint other such Officers for the department as he sees a need for such a position. The fire department trains every second Tuesday of the month at the Wiregrass Training Center at 18:30 hrs. and every third Monday of the month at 18:00 hrs. at our fire station.. Other training meetings and work details may be conducted at other times as required for the department. The department, at the present time, has two front line Class A pumpers and a brush truck and responds to approximately 150 calls a year that includes structural fires, vehicle fires, grass and woods fires, EMS, and motor vehicle crashes.

If accepted into the department, you are expected to attend training meetings, answer calls, and participate in work details. Being a firefighter is a very dangerous profession. It also involves a lot of hard work. Extinguishing a fire is probably only about 5% of the job. Training and preparing the equipment to answer the call and clean up after the call, has to be done, and is the largest part of the job. Washing and testing fire hose, maintaining and testing fire hydrants, washing and pump testing the fire trucks, and cleaning the fire station, are all part of being in the fire department.

Being a firefighter is usually a thankless job. There will be times when you're called away from a hot meal or called out from a warm bed in the middle of a cold night. You will spend time away from your family. It's important you discuss your decision to join the fire department with your family, so they will be a part of your decision to join the department and they will understand the dangers and time away from home that being a member will involve.

## **APPLICATION PROCESS**

1. Submit an application.
2. Application is reviewed and investigated.
3. Fire Committee discusses application:
  - a. If applicant receives a favorable review from the Fire Committee, the applicant is asked to attend the next regular monthly meeting. At this meeting, the applicant is only a prospective member and is introduced to the department.
  - b. If the applicant receives a non-favorable review from the Fire Committee, he or she is notified by mail of such decision and reason.
4. If 3a above applies, the members of the department will vote on the applicant with a recommendation from the Fire Committee at the next regular monthly meeting after the applicant attends.
5. Applicant is notified of his or her membership.
6. The process from the time an application is submitted until he or she is voted in, takes about two months. This is dependant on how much time there is between the time the application is received by the Chief and the next regular monthly meeting. If the application is received just before or just after a regular monthly meeting, it could take three months.

## **APPLICANT REQUIREMENTS**

1. Have a valid Alabama driver's license with an acceptable driving record.
2. Be at least 18 years of age.
3. Live in Cowarts City limits or Cowarts response area or work in this area and be able to respond to calls.
4. Fill out an application completely and be recommended by the Fire Committee and then a favorable vote by the membership.

## **APPLICATION INSTRUCTIONS**

1. Please fill-out application in ink.
2. Please **PRINT OR TYPE** your answers, except for the signatures required on the last page of this application. Incomplete or illegible applications will not be processed.
3. Use blank paper if you do not have enough space on this application.
4. Applications without signatures on the last page will not be accepted.
5. Print your name at the top of pages 3 and 4 indicated by "APPLICANT NAME".
6. Place N/A in any blank that's not applicable.



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COWARTS, AL.

## MEMBERSHIP APPLICATION

### PERSONAL INFORMATION

FIRST NAME:		MIDDLE NAME:		LAST NAME:		PREFERRED/NICKNAME:		
CURRENT MAILING ADDRESS:  _____ (P.O. BOX OR STREET/ROAD NUMBER & NAME)  _____ (CITY)                      (STATE)                      (ZIP)				CURRENT PHYSICAL ADDRESS (E911 ADDRESS):  _____ (NUMBER & STREET OR ROAD NAME)  _____ (CITY)				
DO YOU OWN OR RENT YOUR CURRENT RESIDENCE? <input type="checkbox"/> OWN <input type="checkbox"/> RENT		HOW LONG HAVE YOU LIVED AT YOUR CURRENT RESIDENCE?  _____		DATE OF BIRTH:  _____ (MM-DD-YYYY)		HEIGHT: _____ WEIGHT: _____		
DRIVER LICENSE No.:  _____		DRIVER LICENSE CLASS:  _____	EXPIRATION DATE:  _____		SOCIAL SECURITY No.:  _____-_____-_____ - - -		U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME PHONE No.:  _____	WORK PHONE No.:  _____	PROVIDE ANY OTHER PHONE No. TO CONTACT YOU (CELL, PAGER, ETC.). IF YOU HAVE A CELL PHONE, ALSO PROVIDE CARRIER NAME:  _____		IN CASE OF EMERGENCY NOTIFY:  PHONE No.: _____ RELATIONSHIP: _____				
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED			SPOUSE'S NAME: _____			NUMBER OF CHILDREN: _____		
PLEASE DESCRIBE THE DAYS AND HOURS THAT YOU WOULD BE AVAILABLE (IN GENERAL) TO RESPOND TO EMERGENCY CALLS:  _____								

### EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED:      8      9      10      11      12      GED							
COLLEGES OR BUSINESS/TRADE TECHNICAL			MAJOR/SUBJECT			DEGREE/CERTIFICATES	
LIST ANY OTHER SKILLS OR SPECIALIZED TRAINING RELEVANT TO FIRE FIGHTING, RESCUE, OR SAFETY OR WHICH YOU FEEL WOULD BE AN ASSET TO THE DEPARTMENT:  _____							

### MILITARY SERVICE

MILITARY SERVICE:			
FROM:	TO:	BRANCH:	TYPE OF DISCHARGE:

### RESIDING HISTORY

BEGINNING WITH YOUR PRESENT PHYSICAL ADDRESS (E911 ADDRESS), LIST THE PHYSICAL ADDRESSES YOU HAVE LIVED FOR THE PAST FIVE YEARS.			
CURRENT PHYSICAL ADDRESS:		FROM: _____ TO: _____	
_____ (NUMBER)	_____ (STREET OR ROAD NAME)	OWN: <input type="checkbox"/> RENT: <input type="checkbox"/>	
_____ (CITY)	_____ (STATE)		
PREVIOUS PHYSICAL ADDRESS:		FROM: _____ TO: _____	
_____ (NUMBER)	_____ (STREET OR ROAD NAME)	OWNED: <input type="checkbox"/> RENTED: <input type="checkbox"/>	
_____ (CITY)	_____ (STATE)		

APPLICANT NAME: \_\_\_\_\_

PREVIOUS PHYSICAL ADDRESS: _____ (NUMBER)                      (STREET OR ROAD NAME) _____ (CITY)                                      (STATE)	FROM: _____ TO: _____ OWNED: <input type="checkbox"/> RENTED: <input type="checkbox"/>
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PREVIOUS PHYSICAL ADDRESS: _____ (NUMBER)                      (STREET OR ROAD NAME) _____ (CITY)                                      (STATE)	FROM: _____ TO: _____ OWNED: <input type="checkbox"/> RENTED: <input type="checkbox"/>
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**EMPLOYMENT HISTORY**

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST YOUR EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

PRESENT EMPLOYER:	EMPLOYED FROM:	TO:
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ADDRESS:	PHONE No.:
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POSITION:	SUPERVISOR:	SUPERVISOR'S PHONE No.:
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DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PREVIOUS EMPLOYER:	EMPLOYED FROM:	TO:
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ADDRESS:	PHONE No.:
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POSITION:	SUPERVISOR:	SUPERVISOR'S PHONE No.:
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DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	--

PREVIOUS EMPLOYER:	EMPLOYED FROM:	TO:
--------------------	----------------	-----

ADDRESS:	PHONE No.:
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POSITION:	SUPERVISOR:	SUPERVISOR'S PHONE No.:
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DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PREVIOUS EMPLOYER:	EMPLOYED FROM:	TO:
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ADDRESS:	PHONE No.:
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POSITION:	SUPERVISOR:	SUPERVISOR'S PHONE No.:
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DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	--

APPLICANT NAME: \_\_\_\_\_

PREVIOUS EMPLOYER:	EMPLOYED FROM:	TO:
ADDRESS:		PHONE No.:
POSITION:	SUPERVISOR:	SUPERVISOR'S PHONE No.:
DUTIES AND RESPONSIBILITIES:		
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**FIRE/RESCUE EXPERIENCE**

HAVE YOU EVER SERVED IN ANOTHER FIRE OR RESCUE DEPARTMENT?  YES  NO IF YES, COMPLETE THE FOLLOWING:

NAME OF DEPARTMENT: \_\_\_\_\_ PHONE No.: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

(CITY) (STATE)

NAME OF CHIEF OR HEAD OF DEPARTMENT: \_\_\_\_\_

**MEDICAL HISTORY**

HAVE YOU EVER BEEN TREATED FOR, DO YOU PRESENTLY HAVE, OR HAVE YOU HAD ANY OF THE FOLLOWING CONDITIONS? EXPLAIN ALL CONDITIONS FOR WHICH YOU ANSWER YES AT THE BOTTOM.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO -----BLACK OUT SPELLS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----UNCONSCIOUSNESS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----DIZZINESS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----FAINTING<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----HEAD INJURY<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----EPILEPSY<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----SEIZURES (ANY TYPE)<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----SEVERE HEADACHES<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----HEART DISEASE<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----SHORTNESS OF BREATH | <input type="checkbox"/> YES <input type="checkbox"/> NO -----ASTHMA<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----TUBERCULOSIS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----HIGH/LOW BLOOD PRESSURE<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----DRUG/NARCOTIC USE<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----ALCOHOL/DRINKING PROBLEM<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----BACK INJURY/PAIN<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----DIABETES<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----FEAR OF HEIGHTS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----CLAUSTROPHOBIA<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----ABDOMINAL RUPTURE | <input type="checkbox"/> YES <input type="checkbox"/> NO -----HERNIA<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----COLOR BLINDNESS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----EYE TROUBLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----FREQUENT MUSCLE SPASMS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----ARM/FOOT/LEG CRAMPS<br><input type="checkbox"/> YES <input type="checkbox"/> NO -----HEARING LOSS |
|--|--|---|

EXPLAIN ANY CONDITIONS ANSWERED YES ABOVE:

WHAT DO YOU CONSIDER YOUR PHYSICAL CONDITION:  EXCELLENT  FAIR  POOR

LIST ANY PHYSICAL CONDITION, NOT LISTED ABOVE, THAT WOULD AFFECT YOU AS A FIREFIGHTER:

**BACKGROUND INFORMATION**

HAVE YOU EVER BEEN ARRESTED FOR A FELONY?  YES  NO  
IF YES, FOR WHAT WERE YOU ARRESTED, WHEN, AND WHERE?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
IF YES, FOR WHAT WERE YOU CONVICTED, WHEN, AND WHERE?

NUMBER OF TRAFFIC TICKETS (EXCULDING PARKING TICKETS) YOU HAVE RECEIVED IN THE LAST FIVE (5) YEARS: \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

HAVE YOU EVER BEEN INVOLVED IN ANY MOTOR VEHICLE CRASHES?  YES  NO WERE YOU JUDGED AT FAULT IN ANY OF THESE?  YES  NO

**REFERENCES**

LIST ANY MEMBERS OF THE COWARTS VOLUNTEER FIRE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

LIST AS CHARACTER REFERENCES THREE PERSONS YOU HAVE KNOWN FOR AT LEAST THREE YEARS AND WHO ARE NOT RELATED TO YOU, MEMBERS OF COWARTS VOLUNTEER FIRE DEPARTMENT, OR PAST EMPLOYERS:

NAME: _____	ADDRESS: _____
PHONE No.: _____	OCCUPATION: _____
NAME: _____	ADDRESS: _____
PHONE No.: _____	OCCUPATION: _____
NAME: _____	ADDRESS: _____
PHONE No.: _____	OCCUPATION: _____

**ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I HEREBY CERTIFY THAT THE ANSWERS AND OTHER INFORMATION ON THIS APPLICATION ARE TRUE AND CORRECT AND THAT I UNDERSTAND ANY MISREPRESENTATION OR OMISSION OF FACTS ON MY PART WILL BE JUSTIFICATION FOR REJECTION OR TERMINATION. I HAVE READ, UNDERSTAND, AND MEET THE REQUIREMENTS DESCRIBED ON THE FRONT OF THIS APPLICATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(IF ANY OF YOUR EDUCATIONAL OR EMPLOYMENT RECORDS ARE UNDER OTHER THAN THE ABOVE NAME, PLEASE PROVIDE OTHER NAMES)

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

IN ORDER TO PERFORM A BACKGROUND INVESTIGATION ON ALL APPLICANTS TO THE DEPARTMENT, APPLICANTS MUST SIGN THE FOLLOWING STATEMENT:

I, \_\_\_\_\_ AN APPLICANT FOR THE COWARTS VOLUNTEER FIRE DEPARTMENT, HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION THAT THE DEPARTMENT MAY REQUEST CONCERNING MY MEDICAL, CRIMINAL, DRIVING, EMPLOYMENT, MILITARY, OR SCHOLASTIC RECORDS. ANY ORGANIZATION, DEPARTMENT, OR INDIVIDUAL PRESENTED WITH THIS AUTHORIZATION IS ASKED TO COOPERATE FULLY WITH THE COWARTS VOLUNTEER FIRE DEPARTMENT'S INVESTIGATION. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ANY ACTION HAS TAKEN IN RELIANCE ON IT. ALL INFORMATION OBTAINED DURING THIS BACKGROUND INVESTIGATION WILL BE HELDED IN STRICTEST CONFIDENCE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE IN THE SPACES BELOW**

DATE APPLICATION RECEIVED: _____	BACKGROUND CHECK: <input type="checkbox"/> CLEAR <input type="checkbox"/> N/C
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RECOMMENDED BY FIRE COMMITTEE:  YES  NO DATE: \_\_\_\_\_ IF NO, REASON: \_\_\_\_\_

\_\_\_\_\_

APPROVED BY MEMBERSHIP:  YES  NO DATE: \_\_\_\_\_ IF NO, REASON: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF CVFD OFFICER: \_\_\_\_\_ / \_\_\_\_\_ (DATE) \_\_\_\_\_ (RANK)

\_\_\_\_\_

DATE MEMBER CEASED MEMBERSHIP FROM THE CVFD: \_\_\_\_\_ DID MEMBER LEAVE UNDER GOOD TERMS?  YES  NO

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

IS THIS PERSON RECOMMENDED FOR RE-MEMBERSHIP IF HE/SHE RE-APPLIES AT A LATER DATE?  YES  NO