



# ALMAVILLE VOLUNTEER FIRE-RESCUE

911 One Mile Lane, Smyrna, TN 37167 (615) 355-0715

## ***Your Steps to become an Almaville Firefighter...***

Thank you for your interest in Almaville Volunteer Fire Rescue Department. This application will require several steps to be completed before you turn in a complete application. Below, thorough instructions are provided in hopes that most of your initial questions will be answered. If you have further questions regarding the application process, please email [apps@almavillefire.org](mailto:apps@almavillefire.org).

1. This application must be completed in full. If there is a question or section that is not possible for you to answer, fill the blank space with N/A.
2. You will need to acquire a Motor Vehicle Record (MVR). These can be obtained either at the DMV's office or online at <https://apps.tn.gov/pmvr/> and printed from home.
3. You will need to complete a medical physical. This must be completed by your physician on the form provided below. A letter from your physician will not suffice. The form is found on Page 8. The practitioner providing the physical will need to read the job requirements on Page 9 and complete Page 8 as they see fit.
4. You must complete the Beneficiary Form.
5. You will need to provide \$30 either in cash or via a check. Checks should be made to Almaville Volunteer Fire Rescue Department for a background check.
6. Once the application is complete, please place the completed application and fee in a sealed envelope. Then return the application to Almaville Volunteer Fire Rescue Department, Station 15. If there are not personnel at the Station upon your arrival, please place your sealed envelope in the front door mail slot. The address is:  
  
911 One Mile Lane  
Smyrna, TN 37167
7. After dropping off your completed application, email [apps@almavillefire.org](mailto:apps@almavillefire.org) and let us know that your application has been turned in. You may also email with any further questions you may have.

After reviewing your application, we will contact you, via the email or phone number provided, to schedule agility testing and panel interviews. During this waiting period, please explore AVFRD at [www.almavillefire.org](http://www.almavillefire.org) or on Facebook.



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The AlmaVillage Volunteer Fire - Rescue is committed to the principles of equal opportunity, equal access, and affirmative action. Discrimination on the basis of age, race, sex, color, religion, national origin, disability, or any other non merit factor is prohibited.

**Application:** Complete the Membership Application carefully, using black ink so that it can be legibly reproduced. Please make sure you provide all required information.

## Membership Application

**If you omit information or the application is not complete it will not be accepted.**

Name (First, Middle, Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

How long have you lived at your current address? \_\_\_\_\_ How long have you lived in Rutherford County? \_\_\_\_\_

Age: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

In the space below tell us why you want to be a part of the AlmaVillage Volunteer Fire Rescue Department:

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## "Mission Statement"

### "Our Family Serving Your Family"

*We keep our mission simple and succeed in accomplishing it with a strong relationship between the department, the community, and local government. The officers and firefighters of the AVFRD shall stay current with the new changes in education, information, procedures, and technologies that will enable us to handle emergency situations most effectively. The department shall also retain a good working relationship with the neighboring fire departments. This allows reciprocating assistance in the form of equipment resources and mutual & automatic aid coverage. It is our promise that we will serve our community with honor, and the highest level of professionalism possible at all times. It is the department's job to provide the best fire protection and rescue services for the citizens of Rutherford County.*

I have read the Mission Statement for the Almaville Volunteer Fire - Rescue. I understand and agree to the best of my ability to follow and strive to fulfill the mission of the department.

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Name (Signature)

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Date



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Have you ever had your driver's license suspended or revoked?: \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever had a citation or been arrested for a driving offense? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Have you ever been arrested, convicted, forfeited bond, or are you currently on probation for any misdemeanor or felony ( or any equal offense under military law)? \_\_\_\_\_ If yes, give details including (1) Date (2) Charge (3) Place (4) Court (5) Action Taken. You may omit: (1) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court. (2) any conviction which has been expunged under Federal or State law.

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## Citizenship Status

Are you a U.S. Citizen? \_\_\_\_\_ If no, please specify your current alien status: \_\_\_\_\_

## General Conditions of Work

Fire fighting and rescue response are dangerous work often performed under emergency conditions and frequently involves considerable personal hazard. This work may require the exertion of 100 pounds of force occasionally, up to 50 pounds of force frequently, and up to 20 pounds of force constantly to move objects. Work requires climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pulling, pushing, lifting, and repetitive motions. Work may also include preparing and analyzing spoken, written, or computer data, and operation of motor vehicles or equipment. The worker is subject to inside and outside environmental conditions, extreme cold, extreme heat, noise, vibrations, and, wearing a self-contained breathing apparatus. The worker may be exposed to blood borne pathogens and may be required to wear specialized personal protective equipment.

## Emergency Contact Information

Who should we contact in the event of an emergency?

Contact 1 : \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Contact 2 : \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_



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## Education

Please indicate the highest level of primary or secondary education completed.

\_\_1 \_\_2 \_\_3 \_\_4 \_\_5 \_\_6 \_\_7 \_\_8 \_\_9 \_\_10 \_\_11 \_\_ GED \_\_ Diploma Date Completed \_\_\_\_\_

Schools Attended after High School: College, Business, Trade, or Technical School:

Name and city / state location of school	Dates attended	Did you Graduate?	Type of Degree or Cert.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## References

Please list three references (not relatives or employers) that you have known for at least three years.

a. Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

c. Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

Relationship: \_\_\_\_\_



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## Employment History

Beginning with your present or most recent job, accurately describe the major responsibilities with each job held. You may submit an employment resume to supplement your application.

**Job A** Employed from: (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ Title or Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Job B** Employed from: (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ Title or Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Job C** Employed from: (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ Title or Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_





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All applicants will be required to pass a criminal background check before joining the Almaville Volunteer Fire - Rescue. All applicants are also subject to a physical examination and a pre-service drug screening.

## Signature

Under penalty of perjury, I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification, I will not be considered for membership, or if accepted, I will be dismissed and disqualified from future examinations. I hereby authorize the Almaville Volunteer Fire - Rescue to make all necessary investigations concerning me or my actions and to receive and make available to all agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employee, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

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

Name of Applicant: (Please Print) \_\_\_\_\_

**All applicants must provide \$30.00 for a background check, proof of auto insurance and a copy of a current MVR Motor Vehicle Report at the time of application submission.**

## Frequently Asked Questions

*Where do I get a MVR?*

*There are two ways to obtain a copy of your MVR; by mail or in person. **You must bring your MVR with your application.***

- a. You can obtain a copy of your driver record by getting online at:

<https://apps.tn.gov/pmvr/>

- b. Or you can obtain a MVR in person at any of the full service or express service Driver Service Centers located at:

Murfreesboro DMV  
1035 Samsonite Blvd.  
Murfreesboro, TN 37129



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## ***Physicians Medical Clearance as a Volunteer Firefighter***

*(Please see accompanying "Physicians' Guidance Regarding Medical Clearance as a Volunteer Firefighter")*

Full Name of Person Examined: \_\_\_\_\_

### **To be completed by physician's office:**

Date of Examination: \_\_\_\_\_

I have reviewed the accompanying "Physicians' Guidance Regarding Medical Clearance as a Fire Rescue Volunteer." I have examined the above individual, reviewed his/her medical history, and make the following recommendations for his/her participation as a volunteer with Almaville Fire & Rescue:

- Full Participation
- No Participation
- Limited Participation
- Additional Evaluation

Required If not full participation, please provide limitations:

Physician Signature: \_\_\_\_\_

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

Physician Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_





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## PHYSICIANS' GUIDANCE FOR VOLUNTEER MEDICAL CLEARANCE

Firefighting remains one of the most dangerous occupations in the United States. Research has repeatedly shown the need for high levels of fitness to perform safely in the fire rescue service. The individual's long hours, shift work, sporadic high intensity work, strong emotional involvement, and exposure to human suffering places the job among the most stressful occupations in the world. High levels of stress, intense physical demands, and long term exposure to chemicals and infectious disease contribute to heart disease, lung disease, and cancer – the three leading causes of death and occupational disease disability.

This information is provided as a courtesy to physicians who may be asked to complete a physical for a potential volunteer firefighter. This information is based on the National Fire Protection Association (NFPA) Standard 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007 Edition. The department will be happy to provide a complete copy of the Standard if requested. Please e-mail [apps@almavillefire.org](mailto:apps@almavillefire.org) to request a complete copy of NFPA 1582.

### Essential Job Functions:

5.1.1 The fire department shall evaluate the following 13 essential job tasks against the types and levels of emergency services provided to the local community by the fire department, the types of structures and occupancies comprising the community, and the configuration of the fire department to determine the essential job tasks of fire department members and candidates:

- (1) Performing fire-fighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods
- (2) Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
- (3) Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
- (4) Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)
- (5) Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
- (6) Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility
- (7) Advancing water-filled hoselines up to 2 ½ in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
- (8) Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards
- (9) Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warmup, scheduled rest periods, meals, access to medication(s), or hydration
- (10) Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens
- (11) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions



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## BENEFICIARY DESIGNATION FOR ACCIDENT & SICKNESS POLICY

*(This form should be completed in black ink and retained in your personnel files)*

Name: \_\_\_\_\_ (Print)

Date of Birth: \_\_\_\_\_ Date Member: \_\_\_\_\_

### Beneficiary Information:

#### Primary Beneficiary:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_%

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_%

#### Contingent Beneficiary:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_%

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Share: \_\_\_\_\_%

*If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made to my estate. I reserve the right to revoke or change this designation at anytime.*

Signature: \_\_\_\_\_

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