

AUTHORIZATION TO RELEASE  
INFORMATION TO  
PLATTSMOUTH VOLUNTEER FIRE DEPARTMENT  
OR  
PLATTSMOUTH VOLUNTEER RESCUE SQUAD

To all organizations, physicians, hospitals, clinics or other providers of medical care services, insurers, employers, and local, state or federal governmental agencies:

I authorize you to release any and all information about me requested by the Plattsmouth Volunteer Fire Department or Plattsmouth Volunteer Rescue Squad or its authorized agent. This authorization includes information about medical history, mental and physical conditions, drug and alcohol use and other personal information such as criminal record, driving record and general reputation.

Information received will be used to determine eligibility to fulfill the responsibilities of the position to which I am applying.

NAME(S) USED FOR RECORDS \_\_\_\_\_  
(print)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(applicant)

ADDRESS \_\_\_\_\_  
(City) (State) (Zip)

# APPLICATION FOR MEMBERSHIP

PLATTSMOUTH FIRE DEPARTMENT

PLATTSMOUTH RESCUE SQUAD

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

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone No.: Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City) (State)

Social Security Number: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

How Long Have You Lived in the City limits of Plattsmouth?: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Present Employer: \_\_\_\_\_  
(Company) (Address)

Work Hours: \_\_\_\_\_ Available for calls during work?: \_\_\_\_\_

Any Criminal Record Other Than Minor Violations?: \_\_\_\_\_

Do You Have or Have You Had Any Physical Disabilities or Medical Conditions That Would Limit Your Performance on the Department? \_\_\_\_\_  
(Please list on reverse side)

Any Previous Fire or Rescue Experience? \_\_\_\_\_ Certificates \_\_\_\_\_

**NOTE: IF YOU CLAIM CERTIFICATION, THEN YOU MUST PROVIDE DOCUMENTATION AS PROOF (if certification is claimed without supporting evidence, the application is considered to be falsified, and will be rejected)**

## READ CAREFULLY!

I, the aforementioned applicant, understand that if I should be accepted as a member of the Plattsmouth Volunteer Fire and/or Rescue Squad, I will uphold and abide by the ByLaws and S.O.G.'s of the Department. I will also agree to participate fully in all activities associated with the Department whenever required. I further agree that all statements and facts set forth in this application for membership are true and concise. I understand that any false statement or misconception will result in the disapproval of this application and/or dismissal from the Department immediately.

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

Legibly print your name here \_\_\_\_\_ Date \_\_\_\_\_

This Application was Received and Read at a Regular Meeting. Date: \_\_\_\_\_ By: \_\_\_\_\_

Voting Results: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_ For \_\_\_\_\_ Against \_\_\_\_\_

Signatures of Committee Members:

1. \_\_\_\_\_ Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

2. \_\_\_\_\_ Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

3. \_\_\_\_\_ Approval: \_\_\_\_\_ Denial: \_\_\_\_\_