247 Foxfield Street Hamilton, MT 59840

Dear Candidate,

Thank you for your interest in membership with the Hamilton Volunteer Fire Department. Our organization is proud of our distinguished status in our community backed up by our valuable efforts and accomplishments in providing volunteer emergency response for the people of Hamilton and its surrounding populace. We are looking for individuals who desire to embody, promote, and carry on our values and community service. As a result, we have put together this application package and process to help determine whether probationary membership in the Hamilton Volunteer Fire Department is the right decision for our organization, the community, and you as an individual. In order to begin this screening process, you will find enclosed the following materials:

- Job Description
- Application
- Informed Consent and Physician Release Form for Physical Agility Test

Please complete these enclosed materials and return to our office no later than _____. Late and/ or incomplete materials may not be considered suitable for further screening during this recruitment period. Should you have any questions regarding the nature of duties or expectations involved in volunteer membership with the Hamilton Volunteer Fire Department please feel free to contact me.

Sincerely,

Tyson Woods
Fire Chief
Hamilton Volunteer Fire Department

247 FOXFIELD STREET HAMILTON, MT 59840

HAMILTON VOLUNTEER FIRE DEPARTMENT
VOLUNTEER FIREFIGHTER JOB SUMMARY/ DUTIES

A volunteer is responsible for the efficient, accurate and rapid completion of all tasks assigned. The candidate may perform duties on a rescue squad, engine, truck, and/or fire service equipment. A volunteer works closely with other personnel in the normal performance of duties, which may require a knowledge and understanding of fire suppression principles, practices, and methods used in the operations of a fire department.

The volunteer firefighter responds to fires and other emergency alarms, assists in the operations necessary to ensure the confinement and extinguishment of fires or the elimination of other hazardous conditions.
The following is a list of essential duties performed by a volunteer firefighter.

a. Assists in the evacuation of endangered persons from hazardous locales.
b. Lays hose lines.
c. Operates hose nozzles and other fire extinguishing appliances in an efficient manner to reduce water or other damages.
d. Raises, lowers and climbs ladders.
e. Uses hand and power tools.
f. Accomplishes forcible entry into buildings.
g. Opens up walls and other structures.
h. Utilizes salvage covers, brooms, mops, shovels and similar equipment.
i. Replaces broken or ruptured sprinkler heads to prevent unnecessary water damage.
j. Administers first aid and CPR.
k. Assists officers at the scene of a fire or other locale by delivery of messages, receiving reports and transmitting orders.
l. Assists in getting equipment and apparatus prepared for further alarms after a fire or emergency.
m. Maintains at least minimum attendance at instructional classes, training sessions, emergency call-outs and meetings as required by Department bylaws.
n. Studies local conditions and factors affecting fire operation.
o. Voluntarily participates in social, business, fundraising, and community service activities sponsored by the Department.

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MEMBERSHIP APPLICATION

We welcome you as a Volunteer Firefighter Applicant for the City of Hamilton. It is the policy and intent of Hamilton Volunteer Fire Department to provide equal opportunity in membership for all individuals without regard to race, color, religion, national origin, political affiliation, genetic history, marital status, sex, disability, or any other legally protected status within the state of MT except where the reasonable demands of a job require such a distinction to be made. All information contained in or obtained as a result of this application will be considered personal and confidential and used only in conjunction with your possible affiliation in the Hamilton Volunteer Fire Department.

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ _____
(Home) (Business)

What class of Driver License do you hold: _____ Exp Date: _____

Are you 18 years or older? □ Yes □ No

Are you able to attend the Department's Thursday night meetings and training regularly? □ Yes □ No

Are you available to respond to emergency call outs on a 24/7 basis? □ Yes □ No

If employed, is your employer prepared to let you off work to respond to emergency call outs? □ Yes □ No

Have you ever been convicted of a felony or any crime involving dishonesty, breach of trust, violence, or destruction of property? □ Yes □ No
If yes, describe in full giving dates: _____
_____
_____
(Misdemeanor criminal convictions are not an absolute bar to membership but will be considered in relation to specific position requirements. Felony convictions are a bar from membership.)

Have you ever been a member of, or previously applied for membership with, Hamilton Volunteer Fire Department? □ Yes □ No
If yes, please give dates: From _____ To:_____

EMPLOYMENT/ EDUCATIONAL/ VOLUNTEER HISTORY

(Please use a separate page to list any additional organizations with which you have been involved or employed.)

Present or previous organization #1: _____ Position: _____
Dates Involved: From: _____ To:_____
Contact: _____ Phone Number: _____
Address: _____
(Street) (City) (State) (Zip)
Nature of activities: _____
Reason for Leaving: _____

Present or previous organization #2: _____ Position: _____
Dates Involved: From: _____ To:_____
Contact: _____ Phone Number: _____
Address: _____
(Street) (City) (State) (Zip)
Nature of activities: _____
Reason for Leaving: _____

Present or previous organization #3: _____ Position: _____
Dates Involved: From: _____ To:_____
Contact: _____ Phone Number: _____
Address: _____
(Street) (City) (State) (Zip)
Nature of activities: _____
Reason for Leaving: _____

Have you ever been discharged from any position for alleged misconduct or poor performance?
□ Yes □ No **You may explain the circumstances on a separate page.**

Would you like to be informed before we contact any of the organizations with which you have been involved? □ Yes □ No

SPECIAL SKILLS/ TRAINING

Please list any special skills, education, training, or certifications you possess relating to the position of Volunteer Firefighter: _____

_____

_____

Briefly tell us why you want to become a volunteer fire fighter: _____

_____

EXPERIENCE

If applicable, please check and complete the following areas to let us know about any previous experience or skills you possess that may be of particular use to the department. Prior experience will not be used as a basis to determine qualified applications.

- ☐ Fire fighting and/or fire science: _____

  _____

  _____

- ☐ Volunteer work: _____

  _____

  _____

- ☐ Radio communications: _____

  _____

  _____

- ☐ Public relations such as fund raising or grant writing: _____

  _____

  _____

- ☐ Heavy equipment operation and/ or maintenance: _____

  _____

  _____

- ☐ Medical: _____

  _____

  _____

- ☐ Other relevant experience: _____

  _____

  _____

PHYSICAL REQUIREMENTS

A general statement of physical requirements is attached. All applicants must meet and complete minimum physical agility testing requirements established by the Department. Some firefighter tasks have specific physical requirements or limitations including but not limited to: dragging or carrying items up to and including a human being, working in protective clothing in temperatures in excess of ambient temperature or below 32 degrees F; performing clerical work including prolonged sitting or standing, working under mental or physical stress for a period of two hours or more; driving apparatus including trucks, vans and cars; climbing ladders; working in areas where good balance is required; working in confined spaces and/or wearing self-contained breathing apparatus, crawling on hands and knees; performing medical duties; and working in close proximity with others and other duties that may be listed under the Firefighter job description.

Are there any physical functions or duties that you would be unable to perform with or without reasonable accommodation? If so, please explain:

_____

_____

AUTHORIZATION TO RELEASE INFORMATION

1. As an applicant for membership with the Hamilton Volunteer Fire Department, I am required to furnish information which this organization may use in determining my qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as an employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution, or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.

2. For the purpose of security and as required by Montana law, I consent to a fingerprint-based background investigation prior to membership. I agree to honestly disclose the information requested by this application.

3. I certify that the information provided in this application, and all supplemental documents are true and complete. I understand that any false or intentionally misleading information or significant omissions may disqualify me from further consideration for membership and may be justification for dismissal from the Fire Department, if discovered at a later date. I understand that membership is dependent upon satisfactory completion of a physical agility test and have enclosed a complete informed consent and physician's release form for participation in this test. If offered membership with the Hamilton Volunteer Fire Department, I will abide by the both the Department's and the City's applicable policies, practices, and procedures.

4. I understand volunteer firefighters with the Hamilton Volunteer Fire Department serve a six month probationary period after acceptance as a probationary firefighter which may be extended. At the end of the probationary period, the volunteer's performance will be evaluated to accept or decline the firefighter as a full member of the Department.

Signature:_____ **Date:** _____

INCOMPLETE OR UNSIGNED APPLICATIONS MAY NOT BE CONSIDERED

247 FOXFIELD STREET HAMILTON, MT 59840

HAMILTON VOLUNTEER FIRE DEPARTMENT
INFORMED CONSENT FORM

I, _____, hereby give informed consent to engage in a series of procedures relative to taking a battery of physical fitness tests. The purpose of the testing is to ascertain my level of physical fitness for job task performance capability. The test may include the following:

- Walking for extended periods of time while carrying heavy objects
- Short Sprints
- Walking/ Running up and down stairs or ladders
- Using hands and feet in use of force to remove obstacles
- Bending, stooping and reaching
- Moving people and heavy objects

There always exists the possibility that certain detrimental physiological changes may occur during testing and activity. The reaction of the cardio, respiratory and muscular systems to such activities can't be predicted with complete accuracy. These changes could include heat related illnesses, orthopedic injuries, abnormal cardiovascular conditions (heartbeat, blood pressure) and in rare instances, a heart attack or risk of death.

I have read this form and understand there are inherent risks associated with any physical activity. I understand that I am responsible for monitoring my own condition throughout the testing and should any unusual symptoms occur, I will cease my participation and inform the monitor.

To the best of my knowledge, I do not have any health contraindications to participate in this testing. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of this testing. I also affirm that my questions regarding the tests have been answered to my satisfaction.

Therefore, in consideration for being allowed to participate in this testing, I do hereby voluntarily and knowingly assume the risk of such testing and I, with the intention of binding myself, my spouse, my heirs, legal representatives and assigns do hereby voluntarily and knowingly release and forever discharge, indemnify and hold harmless the City of Hamilton, Montana, its officials, organizations and the individuals conducting or related to the testing from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims

that may result from my injury or death, accidental or otherwise, during, or arising in any way from this testing.
I understand the enclosed Physician's Medical Release form must also be completed by a physician duly licensed to practice in the state of Montana and any costs associated with obtaining this medical release are my personal expense. The completed medical release along with this completed informed consent form must be submitted with my application in order to be involved in the physical agility test.

I have read and fully understand the provisions of this release, and I have voluntarily, knowingly, and intelligently executed said release and indemnification agreement with the express intentions of effecting the extinguishments of the claim and liabilities herein designated and establishing the agreements herein.

_____ _____

Signature of Participant Date

_____ _____

Witness Date

247 FOXFIELD STREET HAMILTON, MT 59840

HAMILTON VOLUNTEER FIRE DEPARTMENT
PHYSICIAN'S MEDICAL RELEASE FORM

Applicant Name: _____

Volunteer Firefighters are required to perform a variety of essential physically demanding tasks including the following:

- Walking for extended periods of time while carrying heavy objects
- Short sprints
- Jumping over and around obstacles
- Lifting and carrying objects sometimes up and down stairs or ladders
- Walking/ Running up and down stairs or ladders
- Using hands and feet in use of force to remove obstacles
- Using force in short and long-term (greater than 2 minutes) efforts
- Bending and reaching
- Moving people and objects
- Possible exposure to smoke and other toxic inhalants

Your professional opinion is requested as to whether the individual can safely participate in physical agility testing as described above. For clarification on any of the above stated physical demands or tests performed, please contact Tyson Woods at the Hamilton Fire Department, 406-363-6338.

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HAMILTON VOLUNTEER FIRE DEPARTMENT
PHYSICIAN'S MEDICAL RELEASE FORM/CONTINUED

Applicant Name: _____

Please Check One:

_____ There are no contraindications to the individual either 1) being capable of performing the essential physical tasks or 2) being capable of undergoing the physical agility test items.

_____ There are contraindications, and it is not recommended that the individual participate in the physical agility test items.

I am a physician licensed to practice in the State of Montana. I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20__

_____ _____
Signature of Physician Printed Name of Physician

_____
Office Phone Number