



Bennet Fire & Rescue

480 Fir St, Bennet, NE 68317

Application For Volunteer Membership

Volunteer Information

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: NE Zip Code: _____

Date of Birth: _____ Social Security #: _____

Cell Phone _____ E-mail: _____ Drivers License Number _____

Emergency Notification

In Case of Emergency, Notify _____ Relationship _____ Telephone # _____

If the above cannot be reached, Notify _____ Relationship _____ Telephone # _____

Past / Current Emergency Service Agency Affiliations

Agency _____ Telephone _____

Address _____ City _____ ST _____ Zip _____

Dates Served _____ to _____ Check All That Apply: Fire ☐ EMS ☐ Rescue ☐ Law Enforcement ☐

May we contact? YES ☐ NO ☐

Agency _____ Telephone _____

Address _____ City _____ ST _____ Zip _____

Dates Served _____ to _____ Check All That Apply: Fire ☐ EMS ☐ Rescue ☐ Law Enforcement ☐

May we contact? YES ☐ NO ☐

Fire, Medical (EMS), Rescue Training/Skills/Experience: List any special qualifications or experience that may qualify or help you obtain membership (i.e. seminars, special awards, professional memberships, licenses, certificates, etc.):

Motor Vehicle History

Have you ever received a traffic citation, other than a parking citation? **If yes**, give offence, disposition, date & location.

Have been in a traffic accident in the past two (2) years? **If yes**, give details, date & location.

Criminal History

Have you ever been convicted of a felony or misdemeanor? **If yes**, list the crime(s) for which convicted, date and location.

Current Employer

Employer Name _____ Supervisor _____

Employment Dates _____ to _____

Address _____ City _____ ST _____ Zip _____

Telephone _____ Are they aware of this application? YES ☐ NO ☐

Education

Highest Level of Education Obtained _____

Degree Obtained _____ Major(s) _____

Reference Information

Please provide the names of individuals, other than relatives, that can vouch for your character.

1. Name _____ Address _____ Phone _____ Relationship _____

2. Name _____ Address _____ Phone _____ Relationship _____

By signing this volunteer membership application, you are affirming that the information provided is true and correct to the best of your knowledge. The omission or falsification of any information in this application is grounds for immediate disqualification for volunteer membership. All incoming members are subject to a comprehensive background check as part of the application process. Please note that a prior conviction of a felony, or certain misdemeanor offenses, may affect consideration for membership. I state that I will work and operate according to the by-laws, set standards of guidelines and procedures of Bennet Rural Fire and Rescue.

Applicant Signature: _____ Date: _____

Department Use Only

Date Application Received _____

Interview Date _____

Background Check Recieved _____

Probationary Membership: Members: ACCEPTED DENIED Vote Date: _____

Rural Board : ACCEPTED DENIED Vote Date: _____

Personnel Number Assigned _____