

Volunteer Application

Mail Application To:
Duxbury Volunteer Fire Department
PO Box 311
Sandstone MN 55072
320-216-2097

Date:



Applicant Information

Last:	First:	
Addr-1:	Addr-2:	
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:	Position: Firefighter	EMR
	Driver's License#:	

Qualifications

Are you a citizen of the United States?	Are you EMR Certified?
Are you a NFPA Fire Fighter I ?	Date & Location
Are you a NFPA Fire Fighter II ?	Date & Location

Previous Firefighting Experience (If Any)

Department Name:		
Addr-1:	Addr-2:	
City:	State:	Zip:

Signature

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to joining the volunteer department, I understand that false or misleading information in my application or interview may result in my release.

Print Name:

Signature:

Fire Chief Signature:

Informed Consent
Duxbury Volunteer Fire Department
PO Box 311
Sandstone MN 55072
320-216-2097



Last Name:	First Name:	
Middle Name:	Date of Birth:	
Maiden or Former Name (S):		
Driver's License#:	Issuing State:	
Sex (M or F):	Cell Phone:	
Addr-1:	Addr-2:	
City:	State:	Zip:



I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Duxbury Volunteer Fire Department any information contained about me in the **Minnesota Computerized Criminal History** pursuant to Minnesota State Statute 299F.035 for the purpose of volunteering with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the Duxbury Volunteer Fire Department from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ **Date:** _____

1. Records obtained under the Minnesota State Statute 299F.035 may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34).