



TOWN OF BAR NUNN

4820 N. WARDWELL
INDUSTRIAL AVENUE
BAR NUNN, WY 82601
(307) 237-7269

On behalf of the BAR NUNN VOLUNTEER FIRE DEPARTMENT we would like to thank you for your interest in becoming a member.

Purpose of Bar Nunn Fire Dept:

The purpose of the organization is to provide fire suppression and emergency medical service to the citizens of Bar Nunn, Wyoming, and to provide mutual aid to the other local resources, the State of Wyoming, and the federal government.

Please complete the attached application including the reference page and signatures.

Return the completed application to the Town of Bar Nunn or to a Current Department Member

Your application will go before an interview committee and you will be contacted for an interview by that committee. The interview committee will then present your application and their findings before the membership at the next suitable meeting for a vote. You will then be contacted with the results of that vote.

All Attempts are made to contact you to set up an interview, if we are unable to contact you in a timely manner appropriate documentation will be made and your application will be filed away and a new one must be completed for further consideration.

The Bar Nunn Fire Dept. is not a social club and as a member you will be required to give freely of your time to attend **medical calls, fires, meetings, trainings, and other duties as assigned.**



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APPLICATION FOR MEMBERSHIP BAR NUNN VOLUNTEER FIRE DEPARTMENT

_____, an active member of the department in good standing
proposes for membership in the Bar Nunn Volunteer Fire Department: _____.

Applicant's Name: _____ Phone #: _____

Address: _____ Soc. Sec. #: _____

_____ Dr Lic #: _____ State: _____

Work Address: _____ Wk Px: _____

Length of Employment: _____ Occupation: _____

Age: _____ Marital Status: _____ # of Dependants: _____

Emergency Contact: Name: _____ Px: _____

Address: _____ City: _____ St: _____

Formal Education: _____

Fire and/or EMS Experience: _____

Medical History: Do you now or have you ever had any of the following?

Rupture: YES NO Mental Illness: YES NO

Seizures: YES NO Fractures: YES NO

Dizziness/Fainting YES NO Diabetes: YES NO

Defective Hearing: YES NO Current Meds: _____

Defective Sight: YES NO _____

Are you currently under a Doctors Care: YES NO. _____

If you answered YES to any of the above, Please Explain: _____

Physical Limitations: _____

You will be required to take a Physical Examination.

PERSONAL HISTORY:

Do you have a clear Driver's License: YES NO Class: _____ Endorsements: _____

Has your License ever been suspended or revoked; YES NO If yes please explain:

Are you seeking a permanent association: YES NO

Are you an EMT or BEC: YES NO If YES please list certification # and State: _____

Are you willing to Certify in the State of Wyoming: YES NO

Is there any thing we have missed that you would like us to know: _____

DO NOT WRITE BELOW THIS LINE

Department Use Only

Accepted by Vote of Membership: YES NO

Denied by Vote of Membership: YES NO

Date of Acceptance or Denial: _____

Signature of Chief: _____

Print Name: _____



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Please list references and experience related to position applied for:

ORGANIZATION NAME: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
SUPERVISORS NAME: _____ PHONE: _____

ORGANIZATION NAME: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
SUPERVISORS NAME: _____ PHONE: _____

ORGANIZATION NAME: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
SUPERVISORS NAME: _____ PHONE: _____

ORGANIZATION NAME: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
SUPERVISORS NAME: _____ PHONE: _____

I _____ do give Bar Nunn Fire Department and/or its representative permission to verify any and all information given on my application and attached reference forms.

I also give my permission for a complete back-ground check to be obtained by Bar Nunn Fire Department and or its representative.

This release of information shall be good for one year after the date signed unless revoked in writing by myself or other legal counsel.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____