

Kinsman Township Fire Department

Cory VanKanegan, Fire Chief
Chad Thompson, Assistant Chief



Lawrence Pleva, Captain
Travis Sapp, Lieutenant

Dear Prospective Member:

Thank you for your interest in becoming a member of the Kinsman Volunteer Fire Department. The level of commitment needed from our members is unlike any other volunteer organization; however the rewards are unique and satisfying. This letter briefly describes the membership categories and the basic requirements for our members. We thank you for your interest to help your community by joining our organization.

The purpose of the Kinsman Volunteer Fire Department is to provide fire suppression, fire prevention, emergency medical services, as well as any other activity which affects the of safety Kinsman Township residents and the neighboring areas.

There are currently two types of membership:

REGULAR MEMBERSHIP: A member who is at least 18 years of age, and resides in the primary response area. The primary response area is defined as Kinsman Township, or within one mile of the township border. A regular member must complete a fire and/or emergency medical training class within 1 year of the date of application, if possible. After completion of the fire training class, the member will be required to attend 18 hours of scheduled training per calendar year.

JUNIOR MEMBERSHIP: A member who is 16 or 17 years of age, enrolled in school, and lives in the primary response area. The primary response area is defined as Kinsman Township, or within one mile of the township border. A junior member will not be permitted to enter burning structures and operate at active rescue scenes. A junior member will not have any voting privileges until eligibility requirements are met for a regular membership.

Trainings are held at the Kinsman Fire Station on the first and third Monday of every month at 7:00pm, and regular business meetings are held on the second Tuesday of every month at 8:00pm.

Thank you once again for your interest in becoming a member of the Kinsman Volunteer Fire Department. Your application will be taken into consideration by our membership committee and regular voting members. You will be notified when your application has been processed.

Sincerely,

Cory VanKanegan
Fire Chief

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KINSMAN VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

INSTRUCTIONS: Complete the entire application, and return it along with a copy of your drivers license to the membership committee. Upon receipt, the Membership Committee will review the application. A member of the committee will contact you to arrange an interview. If you are under the age of 18, you must have consent signed from your parent(s) or legal guardian, found in this application.

PERSONAL INFORMATION

Name: _____ Birthdate: ____/____/____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Social Security Number: ____ - ____ - ____ Drivers License Number: _____ Class: _____

TYPE OF MEMBERSHIP

REGULAR MEMBERSHIP (Firefighter and/or EMS, 18 years of age or older)

JUNIOR MEMBERSHIP (16 or 17 years of age, **MUST HAVE CONSENT SIGNED**)

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Allergies: _____

MEDICAL HISTORY

Have you ever been diagnosed with, or being treated for the following?

N__Y__ Diabetes

N__Y__ Heart Disease

N__Y__ Eyesight Defects

N__Y__ Emphysema

N__Y__ Stroke

N__Y__ Hearing Defects

N__Y__ Tuberculosis

N__Y__ Nervous Disorders

N__Y__ Back Problems

Do you have a physical or mental disorder which may impair your ability as a first responder? N__Y__

If yes to any of the above please explain: _____

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PAST FIRE SERVICE EXPERIENCE

If applicable, please list any previous Fire and/or EMS experience.

Organization: _____ Dates Active: ____/____/____ to ____/____/____

Address: _____

Supervisor Name: _____ Phone: (____) _____

Rank or Position(s) Held: _____

Organization: _____ Dates Active: ____/____/____ to ____/____/____

Address: _____

Supervisor Name: _____ Phone: (____) _____

Rank or Position(s) Held: _____

Organization: _____ Dates Active: ____/____/____ to ____/____/____

Address: _____

Supervisor Name: _____ Phone: (____) _____

Rank or Position(s) Held: _____

CURRENT CERTIFICATIONS:

If applicable, place an "X" next to any of the below certifications that you possess.

___ 36 HR Firefighter

___ Firefighter I

___ Firefighter II

___ EMT-Basic

___ EMT-Intermediate

___ EMT-Paramedic

___ Hazmat

___ Fire Inspector

___ Fire Investigator

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. THESE STATEMENTS MUST BE SIGNED.

I _____, hereby certify that the facts set forth in the above membership application are true and complete to the best of my knowledge, and that I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If it is found that I have omitted or falsified any part of this application, I could be rejected from membership indefinitely from the Kinsman Volunteer Fire Department.

I hereby certify that I have never been (1) convicted of any felony that would prohibit my involvement with this organization; (2) convicted of any crime involving sexual misconduct or morals and decency; (3) convicted of any crime involving sexual or physical abuse of children, the elderly or spouse; (4) convicted of any crime involving abuse, neglect, or financial exploitation; or (5) convicted of any crime involving initiating a false alarm.

For the purposes of this membership application, if accepted as a member, I expressly authorize the Kinsman Volunteer Fire Department to conduct a background investigation, if it is felt necessary at any time. The details of this investigation may include, but are not limited to: an investigation of my personal history, criminal history, driving record, and/or employment history. I expressly consent to the release of my information concerning my capacity by other individuals and agencies. This authorization will be valid for the entire length of my membership with the Kinsman Volunteer Fire Department. Upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

Applicant Signature: _____ Date: ____/____/____

Applicant Name Printed: _____

KINSMAN VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

PARENTAL CONSENT FORM

I _____, as the parent or legal guardian of _____, hereby give permission for my child to participate in the Kinsman Volunteer Fire Department's Junior Firefighter Program. By granting consent I allow my child to be a Junior Firefighter and do not hold the Kinsman Fire Department responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

I and my son/daughter have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters, and understand the following:

- Junior Firefighters serve as supporters of the Kinsman firefighters to learn the basics of firefighting and to prepare to become a full member at the age of 18.
- Junior Firefighters are to follow all instructions from members of KVFD and that the general standard of conduct is to act in the manner of a professional.
- There is a **"zero tolerance"** policy regarding drug and alcohol use.
- Signing of this application, we are declaring that we understand any violation of the guidelines is grounds for immediate dismissal.

Upon their termination (voluntary or involuntary), the applicant will surrender all issued equipment in a timely manner. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Kinsman Township Police Department.

Junior Applicant Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Junior Program Advisor: _____ Date: ____/____/____