



**North Bend Volunteer Fire Department
140 West 7th Street
PO Box 8
North Bend, NE 68649
(402) 652-8161**

Help Serve Your Community by Joining The North Bend Volunteer Fire Department

Thank you for your interest in becoming a member of the North Bend Volunteer Fire Department. The enclosed information will provide you with background information about the Fire Department and will give you a basic understanding of the application process and requirements of membership.

About the Department

Established in 1879, the North Bend Volunteer Fire Department provides emergency services to the citizens of the North Bend Rural Fire Protection District and the surrounding area. Our primary service area consists of approximately 122 square miles. Additionally we are the primary Emergency Medical Service provider to parts of Saunders and Butler County. We also provide emergency services through other mutual aid agreements.

The department responds to over 150 calls for service each year. These calls include Fires, Motor Vehicle Accidents, Emergency Medical Services, Hazmat Response, Search and Rescue; Weather Related Emergencies, and other request for service.

The department also provides Public Education Programs to the community including Fire Prevention Programs, CPR Classes, Junior Fire Patrol, School Visits, Senior Citizens Programs, and many other programs for the community.

Currently, the department maintains twelve pieces of apparatus consisting of two engines, two rescue squads, one heavy rescue unit, two tankers, one grass truck, two utility vehicles, a hazmat response unit, and an antique vehicle used for parades.

Membership Requirements

1. Must be United States Citizen
2. Must be 18 years of age or older
3. Must possess valid drivers license
4. Must reside within the North Bend Rural Fire Protection District
5. Must have completed application on file with the department

Application Process

The membership process begins by completing the Membership Application. Your application is then reviewed by the membership committee. Following this, a background check will be conducted using various means. All information obtained during the background check will be confidential and held as such by the membership committee. If an opening is available you will be recommended for probationary status and will begin your orientation program. The orientation program is designed to provide new members an understanding of department operations and procedures. The orientation program is approximately twelve hours in length and includes classroom instruction as well as hands on training. Orientation training may take up to four weeks, a few hours at a time.

Upon completion of the orientation program probationary members are then issued a pager and protective clothing, called "Turnout Gear" and are then allowed to respond to alarms. All probationary members are required to complete a one year probation period. Failure to complete all probationary requirements may result in dismissal from the department. During the probationary period you will be provided with the basic training necessary to function in your assigned duties as a firefighter. Upon successful completion of the probation period you will be recommended for active membership status.

Training Requirements

The North Bend Volunteer Fire Department understands that training and development is a vital part of being a volunteer firefighter. Training is provided in various scenarios and classroom instruction conducted by fellow firefighters and other fire service instructors. The fire department strongly recommends and encourages all members to attend additional training which may include Firefighter 1, Emergency Medical Technician and Vehicle Extrication. Additionally other training opportunities such as the Nebraska State Fire School, Hazmat Training, Fire Investigation, Rural Water Supply, SCBA, and EMS Conferences are available for all members to attend. All training, equipment and insurance is provided to all members at no cost to the member.

Active Membership Requirements

1. Complete twelve (12) hours of training annually
2. Attend six (6) monthly department meetings annually
3. Maintain current CPR Certification

Member Benefits

Life Insurance

All members are provided with a ten thousand dollar (\$10,000.00) term life insurance policy.

NSVFA Membership

All members are provided membership to the Nebraska State Volunteer Firefighters Association.

Smoke-Eater

All members receive the Nebraska Smoke-Eater monthly publication.

Workers Compensation

All members are provided Workers Compensation Insurance Coverage.

Public Safety Officers Benefit

All members are provided death and disability benefits under the Federal PSOB Program.

Free Training

All members are provided training at no cost. Cost for transportation, lodging and registration fees are provided for attendance at all training schools, seminars, and conferences.

Wellness

All members have unlimited access to department fitness equipment.

Ladies Auxiliary

~~The Ladies Auxiliary meets the second Tuesday of every month. Spouses of members are eligible to join.~~

Again, thank you for your interest in becoming a member of the North Bend Volunteer Fire Department. If we can be of any assistance in completing your application or if you have any questions please contact our office, or stop by the fire station. We look forward to having you as part of our team!

North Bend Fire Department
Membership Committee

North Bend Volunteer Fire Department
140 West 7th Street
PO Box 8
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Application for Membership

Applicant Information

Name: _____

Date of Birth: _____

Street
Address: _____ City: _____ State: _____ Zip: _____

Mailing
Address: _____ City: _____ State: _____ Zip: _____

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

Drivers License Number: _____ State _____ Social Security Number: _____

Emergency Notification

In case of emergency, notify: _____

Relationship: _____

Address: _____ Phone:(____) _____

Cell Phone: (____) _____

Employer Information

Employer: _____

Supervisor: _____

Employer
Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Years at Present Job: _____

Educational Experience

Do you have a High School Diploma or G.E.D.? (Circle one) Yes No

University of College Degree? (Circle one) Yes No Degree obtained: _____

Trade or Technical School? (Circle one) Yes No Certificate/Degree obtained: _____

Reference Information

Please provide the names of individuals, other than relatives, who have known you at least one year whom the department's membership committee can contact as part of its application process.

Name	Address	Telephone	Years Known
1			
2			
3			

Emergency Services Experience

Have you ever been a member of any other Emergency Services Organization? Yes No

If yes please provide the following information:

Do you hold licenses or certifications in any of the following?

CPR___ 1st Responder___ EMT___ Paramedic___ Haz Mat___ FireFighter 1___

Other_____

Past Emergency Services Affiliations

Agency_____ Address_____ Telephone_____

Agency_____ Address_____ Telephone_____

Agency_____ Address_____ Telephone_____

Have you ever been convicted of a Felony? Yes No

If yes explain details in

full:_____

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENTAL USE ONLY

Date Application Received _____ Received By _____

Membership Committee Reviewed Application Date _____

Probationary Membership: ACCEPTED DENIED Date _____

Full Membership: ACCEPTED DENIED Date _____

Applicant Notified Of Determination Date _____

Medical Questionnaire

Have you ever been treated or diagnosed with any of the following:	YES	NO
1. Stroke, Heart Attack, Angina, Diabetes, or Cancer		
2. Epilepsy, Convulsions, Dizziness, Paralysis, or any disorder of the brain or nervous system		
3. High Blood Pressure, Heart Murmur, Chest Pain, Anemia, or any disorder of the Heart, Blood, or Blood Vessels		
4. Tuberculosis, Asthma, Pleurisy, Emphysema, Shortness of Breath, or any disorder of the Respiratory System		
5. Ulcer, Colitis, or any disorder of the Stomach, Intestines, Rectum, Gallbladder, or Liver		
6. Sugar or Albumen in the Urine, Kidney Stones, or any disorder of the Kidneys, Bladder, Prostate or Urinary		
7. Gout, Goiter, or any disorder of the Thyroid, or other Glands		
8. Any Deformity, Loss of Limb, or any disorder of the Eye, Ear, Nose, or Throat		
9. Arthritis, Back Pain, or any disorder of Bone, Joint, Spine, or Muscle		
10. Ever Sustained a Back Injury, Major or Minor		
11. A Tumor, Hemorrhoid, or Hernia		
12. Sexually Transmitted Diseases		
13. Sought or Received Treatment or Advice for Acquired Immune Deficiency Syndrome (Aids)		
14. Sought or Received Treatment or Advice for Aids Related Complex (ARC) or Opportunistic Diseases		
15. Consulted a Physician within Last 3 Years, Other Than Above or Routine Checkups		
16. Had an Electrocardiogram, X-Ray, Blood Test, Laboratory Study, or Diagnostic Procedure Within Last 3 years		
17. Taken Prescription Medication for 2 Weeks or Longer Within Past 12 Months		
18. Ever Been Treated For Alcohol or Substance Abuse		
19. Ever Been Treated For a Mental or Nervous Condition		
20. Do You Wear Glasses or contact Lenses		
21. Are You Currently Taking or Do You Regularly Take Any Prescription Medications		
22. Are You Allergic To Any Medications		
23. Ever Had Any Surgical Operation		
24. Ever Had or Currently Have a Known Sign of any Physical or Mental Disorder, Disease or Defect Not Listed		
25. Ever Been Denied Insurance Coverage For Any Reason		
26. Ever Requested or Received Benefits or Payment Because of Injury or Disability		

Provide Details of Any "YES" Answers to Questions 1 thru

26:

Provide Name and Address of Personal or Family Physician:

Name: _____ Phone (____) _____

Address: _____ City _____

State _____ Zip _____

I certify that the responses to all questions contained within this application are complete, accurate, and true to the best of my knowledge. I am aware that the Medical Director of the North Bend Volunteer Fire Department may request that I have a physical examination by the Medical Director or by his physician designee and that all cost associated with such shall be the responsibility of the North Bend Volunteer Fire Department.

Signature of Applicant

Date

North Bend Volunteer Fire Department Application for Membership

Statement of Application

I understand that if I should be accepted as a member of the North Bend Volunteer Fire Department I will uphold and abide by the by-laws of the department. I will also agree to participate fully in all activities associated with the department whenever required. I further agree that all statements and facts in this application for membership are true and concise. I understand that any False Statement or Misconception Will Result In the Disapproval of This Application and/Or Dismissal from the Department Immediately.

Signature

Date

Print Name