

# Lima Volunteer Fire Department Application (as of 1 JANUARY 2025)

## PERSONAL AND HEALTH INFORMATION

This document may contain information (PII/PHI) subject to the Privacy Act of 1974 and is For Official Use Only. This document will be managed in accordance with state law regarding control of PHI and PII.

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address where you live \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer/Location: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

What do you do there? \_\_\_\_\_

Medical History: Indicate if you have ever been diagnosed or experienced any of these conditions. If you answer "yes" please provide a brief explanation in the Remarks section.

Are you in good health and capable of performing physically demanding activities? YES or NO (Circle One):

YES	NO	CONDITION	YES	NO	CONDITION
		Frequent or severe headaches or migraines.			Panic attacks.
		Dizziness, fainting, vertigo.			Prescription substance abuse.
		Concussion, head injury, brain injury.			Illegal Drug use.
		Unexplained blurred vision, eye damage or illness.			Alcoholism, alcohol abuse.
		Significant environmental Allergies (Hay, dust, pollen, animals, etc.).			PTSD, severe anxiety, depression, suicidal attempt or ideation.
		Asthma, shortness or breath, lung issues.			Motion sickness requiring medication.
		Any form of heart trouble.			Significant claustrophobia.
		High or low Blood Pressure .			Surgeries. If yes list in Remarks.
		Significant stomach or intestinal issues, GERD, or Acid Reflux, requiring medical intervention.			Hospitalization in the last 5 years. If yes, list in Remarks.
		Kidney issues, kidney, stones, blood in urine, trouble urinating.			Broken bones. If yes, list in Remarks.
		Cancer in any form.			Injury or illness associated with the liver, pancreas, or gall bladder.
		Significant muscle or joint issues (includes knees, back, hips, shoulder, neck, etc.).			

Remarks:

Please provide any additional medical or mental health issues not already covered that would affect your ability to serve in the Lima Volunteer Fire Department::

Date of Last Physical:

Have been told by a doctor to restrict physical activity? If Yes Please explain.

Applicant's Health Insurance Provider:

Applicant's Health Insurance Number:

Applicant's Primary Care Physician (Name, Practice location, Phone):

Applicant Full Name:
<b>LEGAL INFORMATION</b>
Have you been convicted of a crime in the last 7 years?: If Yes provide details in remarks but conviction does not necessarily preclude service;.
Has your driver's license been suspended or revoked in the last 7 years?:
Please provide your Driver's License State and #: Please attache a photocopy of your license (front and back) to this application.
In what capacity do you want to serve in the Lima Volunteer Fire Department? Choose all that apply  Firefighter _____  Fire Police _____  Auxiliary / Support _____ If you checked Auxiliary / Support , in what area are you interested in assisting? Possible examples might include administrative support, social media support and photography, fund raising, grant writing, community outreach (fire prevention, recruiting, etc), building maintenance, or logistics support.
<b>VERIFICATION</b>
<b>A. ACCURACY:</b> By signing below you attest that information you have provided on this application is accurate and complete and provided without deception, coercion, or omission to the best of your knowledge. Further, you assess that based on your knowledge of your health that you are capable of meeting the physical and emotional requirements to serve in the Lima Fire Dept. Vy signing below you consent to the Medical Release.  <b>B. MEDICAL RELEASE:</b> In the event of illness or injury occurring to the applicant while involved in Lima Volunteer Fire Department activities, I consent to x-ray examination, anesthesia, and / or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the senior medical professional in charge and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I understand that in the event of serious illness or injury, reasonable efforts will be made to reach your emergency contact.
<b>Emergency Contact Data</b> Name: Phone: Address: Relationship:
Do you have any prior fire experience? If so explain and provide a point of contact for someone at your previous department..          Do you have any current EMS certifications or prior EMS experience? If so explain.
Applicant Signature and Date: