

COLUMBUS TOWNSHIP
FIRE
RESCUE

CADET
APPLICATION PACKET



EAST COLUMBUS INDEPENDENT FIRE DEPARTMENT



EAST COLUMBUS FIRE DEPARTMENT

P.O. Box 1001
Columbus, IN 47202
Fax: 812-376-6879

Station 221
935 Repp Drive
Columbus, IN 47201
Phone: 812-376-6858

Station 222
4830 Progress Drive
Columbus, IN 47201
Phone: 812-379-1922

Department Overview

The East Columbus Independent Fire Department is a volunteer organization that provides emergency services to the unincorporated areas of Columbus Township in Bartholomew County. This includes all of the areas in Columbus Township that are not located within the City of Columbus. The fire department was formed in 1942 and was named for its original location, but it is now commonly referred to as Columbus Township Fire & Rescue in reference to the area it services. Responses are also made throughout Bartholomew County and adjacent counties through mutual aid and regional operating agreements.

Columbus Township Fire & Rescue operates out of two stations. Station 221 is located at 935 Repp Drive and is also the headquarters and training facility. This station houses 6 apparatus, including the aerial platform truck. An ambulance operated by Columbus Regional Health is also housed at this station. Station 222 is located at 4830 Progress Drive and houses 2 apparatus. The Columbus Township Trustee works closely with the department and also provides mechanics and maintenance equipment.

There are about 40 firefighters on the department, and many are also Emergency Medical Technicians (EMTs) or Paramedics. The department leadership consists of five board members and seven line officers. The officers include the Chief, two Deputy Chiefs, two Captains, and two Lieutenants. The board members are elected by the firefighters and appoint the officers for two year terms. Monthly business meetings occur on the first Tuesday of each month, and board meetings occur on the Sunday prior to the business meeting. The department also offers EMS-only positions and spots for a few key support roles. Station 221 is staffed 24 hours a day, 7 days per week by career firefighters that are employed by the township, though volunteer members are still encouraged to respond if available.

Many members begin with no fire or medical experience. The State of Indiana requires all new firefighters complete a basic training program before responding to emergency calls. In addition to the basic program, trainings are offered every Tuesday except the week of the business meeting. Cadets will meet on Tuesdays before Department trainings. Additional weekend trainings and fire schools occur at different times throughout the year. Firefighters are required to attend at least two of the department trainings in a three month span.

The fire department responds to around 400 calls per year, including structure fires, vehicle fires, brush fires, vehicle accidents, medical calls, water rescues, and hazardous materials incidents. Firefighters carry voice pagers that alert them to the calls, and they respond to their assigned station to board the apparatus and respond to the incident. There are times when the station is staffed due to severe weather or when providing coverage for another department. The department also provides coverage every year for the Bartholomew County 4-H Fair, as well as various events at the fairgrounds throughout the year.

For more information, please visit the department website.

www.ColumbusTwpFireRescue.org



EAST COLUMBUS FIRE DEPARTMENT

P.O. Box 1001
Columbus, IN 47202
Fax: 812-376-6879

Station 221
935 Repp Drive
Columbus, IN 47201
Phone: 812-376-6858

Station 222
4830 Progress Drive
Columbus, IN 47201
Phone: 812-379-1922

Cadet Application Guidelines

The process for becoming a Cadet at the East Columbus Independent Fire Department (Columbus Township Fire & Rescue) starts with you providing a completed application packet. Along with the application, you must provide a copy of Photo ID or Driver's License.

After applying, your application will be reviewed for completeness and you will be contacted promptly.

Please understand that joining this fire department will require time commitment. We spend a large amount of time preparing and training and you have to be willing to put in that hard work.

It must also be added that we will be handling equipment that may pose a risk of injury. Protective Equipment will be provided and safety precautions will be taken when necessary.

We highly encourage you to come by Station 221, located at 935 Repp Drive, and meet with some of our members to discuss any questions you have. Drop by any weekday between 8:00 AM and 5:00 PM, or come at 7:00 PM on Tuesday nights to meet us before we begin our weekly training.

You can find additional information on our department website or through contacting us.

www.ColumbusTwpFireRescue.org

or

The Cadet Leader
812-376-6858
cadetleader@ecifd.org



EAST COLUMBUS FIRE DEPARTMENT

P.O. Box 1001
Columbus, IN 47202
Fax: 812-376-6879

Station 221
935 Repp Drive
Columbus, IN 47201
Phone: 812-376-6858

Station 222
4830 Progress Drive
Columbus, IN 47201
Phone: 812-379-1922

Membership Application Checklist

This packet contains the basic materials that you will need to apply for CADET membership with the East Columbus Independent Fire Department (Columbus Township Fire & Rescue).

Please review the material in this packet, complete the Cadet Application, and return it along with this sheet, the required items, and any applicable additional items. The department overview and application guidelines are yours to keep.

Once you have completed and returned the packet with all of information required, your application will be reviewed and a member will contact you.

Required Items:

_____ Copy of Driver's License or a photo ID

Optional Items:

_____ Copy of current Fire or EMS related certifications

_____ Letter of Recommendation

Special Instructions:

1. Complete the Membership Application in your own handwriting (NO TYPING). Please PRINT and use BLACK INK.
2. Complete all information to the best of your knowledge. Do not leave any blanks.
3. Be sure to SIGN YOUR APPLICATION with PARENT or GUARDIAN SIGNATURE.
4. Please review your application prior to submitting it to ensure completeness.

Return To:

East Columbus Fire Department
P.O. Box 1001
Columbus, IN 47202

OR

Drop off to Station 221
935 Repp Drive, Columbus, IN

East Columbus Independent Fire Department Cadet Application

It is extremely important that you answer all questions completely and accurately. You may attach a resume or other documentation. The information in this application will be used to determine the applicant's qualifications prior to further consideration.

Date of Application:	Where did you hear about the cadet program: <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Special Event <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other
----------------------	--

Applicant Information Complete all items using black ink. Please print. The information contained within is confidential.

First Name:	Middle Name:	Last Name:
Date of Birth:	Social Security Number: (Optional)	
Current Address:		Cell Phone:
City:	State:	ZIP:
		Home Phone:

Emergency Contacts List two individuals that can be contacted in case you are sick or injured.

Name:	Address:	Relation:
City:	State:	ZIP:
		Phone:
Name:	Address:	Relation:
City:	State:	ZIP:
		Phone:

Personal References List contact information for two Personal References who are not related to you.

Name:	Address:	Phone:	Contact Time:
Name:	Address:	Phone:	Contact Time:

Educational Background List last three schools attended.

School:	Years Completed:	GPA:
School:	Years Completed:	GPA:
School:	Years Completed:	GPA:

Employment Information List your most recent employer.

Most Recent Employer (if Applicable):			
Employer Address:			Years/ Months worked:
Phone:	Supervisor:		Work Hours:
City:	State:	ZIP:	
Position:	May we contact your work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

East Columbus Independent Fire Department Cadet Application

Medical Information	
Please provide information about medical conditions that may affect on scene operations.	
Medical Conditions: (Check Any That Are Applicable) <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/> Dizziness <input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Heat Stroke <input type="checkbox"/> Claustrophobia <input type="checkbox"/> Acrophobia (Fear Of Heights)	
Other Pertinent Medical Information:	
Other Information	
Miscellaneous questions, and additional room to answer any question on this form.	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give approximate date:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.: <i>Each instance and explanation will be considered in relation to the requested position.</i>	
If you have any other information that you wish to provide, please use the following space:	
Guidelines	
Guidelines about rules regarding your volunteer employment with the fire department.	
I understand that any misrepresentation or material omissions made by me on this application or other required documents will be sufficient cause for cancellation of this application or immediate discharge from the department, whenever it is discovered.	Initial:
I understand that as a part of the application procedure a routine inquiry will be made which will provide applicable information concerning my character, general reputation, and personal characteristics.	Initial:
I give the fire department full permission, and the right, to make a thorough investigation of my employment and activities. I hereby release from liability the fire department and its representatives for seeking, gathering and using such information and all other persons, corporations for furnishing such information.	Initial:
I understand that I may be required to submit to a physical examination by a physician of the department's choice, at the department's expense, for further evaluation.	Initial:
I understand that all members and/or applicants of the East Columbus Fire Department could be subject to a drug screening program.	Initial:
I understand I will be handling equipment that may pose a risk of injury and I will be expected to wear the appropriate PPE and to use the equipment in the manner as instructed.	Initial:
I understand that any and all equipment, gear, and/or uniforms issued by the fire department remain the property of the said issuing department and must be returned upon resignation or termination. Failure to do so will result in legal action to recover said property and/or equivalent monetary compensation.	Initial:
Signature	
Inappropriate conduct at department related activities, while in uniform, or while in the presence of the general public, including insubordination or conduct not conducive to a professional manner, can and will result in disciplinary action up to and including suspension and/or termination.	
I represent and warrant that I have read and fully understand the above and that the information I have provided is true to the best of my knowledge and seek cadet membership under these conditions.	
Signature of Applicant:	Date:
Signature of Parent or Guardian:	Date:
Signature of Parent or Guardian:	Date:

The East Columbus Fire Department does not unlawfully discriminate in membership and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for membership on any basis prohibited by local, state, or federal law. Also, it is this department's policy not to refuse membership to a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.