



**Lewis Township Fire & Rescue**  
**19770 Cypress Ave**  
**Council Bluffs, Iowa 51503**

Dear Applicant,

Thank you for your interest in joining Lewis Township Fire & Rescue. Volunteering your time and efforts for your community is an honorable endeavor. The decision to volunteer will touch everyone in your life. It is important that you discuss this decision with your family and educate them on how this decision will affect them. Here is a link to some helpful information to guide your discussion:

[https://www.nvfc.org/wp-content/uploads/2015/09/Family\\_Guide.pdf](https://www.nvfc.org/wp-content/uploads/2015/09/Family_Guide.pdf)

In the United States, over 70% of all firefighters are volunteers. In fact, if it were not for volunteers, most of the smaller communities, like ours, could not afford to provide emergency services to its residents.

Lewis Township Fire & Rescue serves an area of approximately 35 square miles south and east of the city of Council Bluffs, Iowa. The department provides fire protection, prevention services, and emergency medical services to the 6500+ residents of the area, as well as assisting many other departments that neighbor our jurisdiction. We typically respond to 400+ emergencies a year and of those 80% are for emergency medical situations. Each response averages a minimum of ½ hour of time commitment with some responses lasting 3 hours or more. This time includes the required re-stocking of equipment, reporting, and general service to prepare the vehicle for the next response.

Training is a large part of our ability to serve our community in a safe and efficient manner. We meet every Tuesday evening at 7 PM. On the first Tuesday of every month we hold our business meeting. It is during these meetings that we discuss how we want our department to operate. On the second Tuesday we train in emergency medical situations (EMS). The third Tuesday of each month is set aside for fire training. The fourth Tuesday is used to do maintenance on our equipment. If there is a fifth Tuesday it is used for special training events.

As a probationary member you will be required to attend probationary training which will be above and beyond the standard training nights listed above. Our members are also able to attend many of the area regional and state fire training schools. Since the majority of our calls are medical in nature, we encourage the members to become Emergency Medical Technicians.

It can not be stated enough, we ask that you consider the time commitment required to be a volunteer for Lewis Township Fire & Rescue. Please discuss the commitment required with friends and family. We understand that there are times when family, work and illness mean that you cannot be there, but you need to be trained and answer a reasonable number of calls to be a productive member. The time spent will help protect your life, the lives of the community, as well as the other members.



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To apply for membership, you will need to complete the attached application. We will accept an application at any time; however, we only hold two training sessions per year. Your application on file for review in the months of January or July at which time you will be tabled to allow you time to obtain a physical (paid for by the department), obtain copies of your driving record, and complete a background check. Once your application is tabled you are encouraged to join our training sessions. The membership will vote on your probationary status at either the February or August business meeting. If the membership accepts you, you will be placed on probationary status for six (6) continuous months. After completing the required six-month probationary training, you will then be tested to ensure that you have retained the knowledge to become a full member. If you successfully pass your probationary training you will be voted on to become a full member at the next business meeting.

Again we want to thank you for your interest in joining Lewis Township Fire & Rescue. If you have any questions or concerns, please do not hesitate to email the Chief [1701@LewisTwpfd.com](mailto:1701@LewisTwpfd.com)



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**Lewis Township Fire & Rescue**  
**Application for Membership**

**Date:**

\_\_\_\_\_

**Full Name :**

\_\_\_\_\_  
(First) (Middle) (Last)

**Home Address:**

\_\_\_\_\_  
(Street & Number)

\_\_\_\_\_  
(City) (State) (Zip)

**Phone:**

Home:

\_\_\_\_\_

Cell:

\_\_\_\_\_

**Business Address:**

\_\_\_\_\_  
(Street & Number)

\_\_\_\_\_  
(City)(State)(Zip)

Business Phone Number: \_\_\_\_\_

**Personal Information**

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_



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Have you ever been convicted for any criminal offense?

If yes, explain:

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List all moving violations and dates for the past five (5) years:

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Have you ever been a firefighter, EMS member, law enforcement officer or another emergency responder before?

If so, please list department, date of service and phone numbers:

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List other voluntary organizations you belong to:

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List any phobias, physical or mental impairments you may have:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List all addresses that you have lived at in the past five (5) years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List all states you have ever lived in:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List all places of employment for the past five (5) years, starting with the most recent job first.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List addresses, supervisor's names, job description, reason for leaving and dates of employment:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



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List 3 character references outside of family and this fire department including phone numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I do hereby swear and affirm that each statement and all information in or supplementing this application is complete, true and accurately recorded to the best of my knowledge. I understand by providing false, misleading and/or incomplete information on this application is grounds for exclusion from the selection process or discharge if discovered subsequent to membership.

\_\_\_\_\_  
(APPLICATION SIGNATURE)

**\*AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION\***

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Lewis Township Fire and Rescue whether the said records are of a public, private or confidential nature.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Lewis Township Volunteer Fire Department from any and all liability which may be incurred as a result of collecting such information.

A photo copy of this form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information"

\_\_\_\_\_  
(APPLICATION SIGNATURE)

\_\_\_\_\_  
(Date)

**\*\*\*\*\*NOTE\*\*\*\*\***

**PLEASE SUBMIT A COPY OF YOUR CURRENT DRIVERS LICENSE WITH YOUR APPLICATION.**



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**For Office Use Only:**

**RECEIVED BY:** \_\_\_\_\_ **DATE RECEIVED:** \_\_\_\_\_

**TABLED:** \_\_\_\_\_ **VOTED:** \_\_\_\_\_ **1700 NUMBER:** \_\_\_\_\_



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**Lewis Township Fire & Rescue**  
**CONFLICT OF INTEREST POLICY**

No member of the Lewis Township Fire & Rescue Department shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation in the Lewis Township Fire & Rescue Department. Each individual shall disclose to the Lewis Township Fire & Rescue Department any personal interest which he or she may have in any matter pending before the department and shall refrain from participation in any decision on such matters. Any member of the Lewis Township Fire & Rescue Department shall refrain from obtaining any list of Lewis Township Fire & Rescue clients for personal or private solicitation purposes at any time during the term of their affiliation.

In addition to my service for the Lewis Township Fire & Rescue Department, at this time I am an employee, board member, officer or volunteer of the following organizations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This is to certify that I, except with regard to carrying out my duties as a volunteer of the Lewis Township Fire & Rescue Department or as described below, am not now nor at any time since I have become a member:

1. A participant directly or indirectly, in any arrangement, agreement, investment or other activity with any vendor, supplier, or other party; doing business with the Lewis Township Fire & Rescue Department which has resulted or could result in personal benefit to me.
2. A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the Lewis Township Fire & Rescue Department.

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the Lewis Township Fire & Rescue Department.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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**VOLUNTEER PROTECTION (WHISTLEBLOWER) POLICY**

If any volunteer reasonably believes that some policy, practice, or activity of Lewis Township Fire & Rescue is in violation of law, a written complaint must be filed by that volunteer with the Department Chief.

It is the intent of Lewis Township Fire & Rescue to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all volunteers is necessary to achieving compliance with various laws and regulations. A volunteer is protected from retaliation only if the volunteer brings the alleged unlawful activity, policy, or practice to the attention of Lewis Township Fire & Rescue and provides Lewis Township Fire & Rescue with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to volunteers that comply with this requirement.

Lewis Township Fire & Rescue will not retaliate against a volunteer who in good faith, has made a protest or raised a complaint against some practice of Lewis Township Fire & Rescue, or of another individual or entity with whom Lewis Township Fire & Rescue has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

Lewis Township Fire & Rescue will not retaliate against volunteers who disclose or threaten to disclose to a chief officer or a public body, any activity, policy or practice Lewis Township Fire & Rescue that the volunteer reasonably believes is in violation of law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax

Send results to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Release Authorization:** Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

\*\*\*This form (DCI-77) is the only approved release authorization form for this purpose.\*\*\*

**Release Authorization:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

**Release Authorization Signature:** \_\_\_\_\_

### Iowa Criminal History Record Check Results

(DCI use only)

As of \_\_\_\_\_, a search of the provided name and date of birth revealed:

☐ No Iowa Criminal History Record found with DCI

☐ Iowa Criminal History Record attached, DCI # \_\_\_\_\_

DCI initials \_\_\_\_\_

### **Release Authorization Information:**

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

### **General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.

## Media Release Consent Form

This consent form will authorize Lewis Township Fire & Rescue to use and print photographs and any other form of media material for educational, informational and promotional purposes. Images may be used, but is not limited to, Lewis Township Fire & Rescue social media, publications, websites, etc. This Media Release Form will be kept on file by Lewis Township Fire & Rescue as reference for individual approval.

Members Full Name: \_\_\_\_\_

After reading the explanation above, I **authorize / deny** Lewis Township Fire & Rescue to take and use any photographs or media in any Lewis Township Fire & Rescue publication, production or presentation, including electronic/internet marketing material for the purposes of promoting Lewis Township Fire & Rescue in a positive manner.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_