



SAN JUAN COUNTY FIRE DEPARTMENT

PERSONNEL STATUS FORM

Volunteer Name: _____

District: _____

PROBATIONARY MEMBERSHIP

<input type="checkbox"/>	Application approved by Fire Ops
<input type="checkbox"/>	Drug Screen & Physical - PASS
<input type="checkbox"/>	Ability Test - PASS
<input type="checkbox"/>	New Member Orientation
<input type="checkbox"/>	Fire Academy - Enrolled/Attending
<input type="checkbox"/>	NOT Approved for Probation by District
<input type="checkbox"/>	Approved for Probation by District
<input type="checkbox"/>	Regular Membership
<input type="checkbox"/>	Support Membership
<u>PROBATION</u>	
<input type="checkbox"/>	ON Date _____
<input type="checkbox"/>	OFF Date _____

LEAVE OF ABSENCE

<input type="checkbox"/>	ON Date _____
<input type="checkbox"/>	OFF Date _____

REMOVAL

<input type="checkbox"/>	Removal Date _____
<u>Reason for Removal</u>	
<input type="checkbox"/>	Failure to attend calls
<input type="checkbox"/>	Failure to attend meetings
<input type="checkbox"/>	Failure to attend training
<input type="checkbox"/>	Failure to follow district policy
<input type="checkbox"/>	Failure to follow department policy

RESIGNATION

Resignation	Date _____
<input type="checkbox"/>	Do not feel welcome
<input type="checkbox"/>	Department policies are too strict
<input type="checkbox"/>	Interferes w/membership in another organization
<input type="checkbox"/>	Interferes with family life
<input type="checkbox"/>	Interferes with free time
<input type="checkbox"/>	Interferes with social life
<input type="checkbox"/>	Interferes with work
<input type="checkbox"/>	Lack of leadership in district
<input type="checkbox"/>	Medical reasons
<input type="checkbox"/>	Meeting night conflicts w/another activity
<input type="checkbox"/>	Moving
<input type="checkbox"/>	Not enough calls
<input type="checkbox"/>	Not enough training offered
<input type="checkbox"/>	Personality conflict with an officer
<input type="checkbox"/>	Personality conflict with another member
<input type="checkbox"/>	Physical reasons
<input type="checkbox"/>	Physical requirements are too strict
<input type="checkbox"/>	Training requirements are too strict
<input type="checkbox"/>	Unable to attend training due to conflict
<input type="checkbox"/>	Other/Comments:

Reviewing Officer Signature

Title

Date

Volunteer Signature

Date