

**OKOLONA FIRE DEPARTMENT
VOLUNTEER FIREFIGHTER APPLICATION TRACKING FORM**

Applicant Name: _____ Date Received: _____

Step	Description	Assigned To (Name)	Date		Results	
			Assigned	Completed	Favorable	Unfavorable
1	Arrest Record Check	Shift Chief:				
2	Driver Record Check	Shift Chief:				
3	Reference Check	Shift Chief:				
4	Officer Interviews	Captain:				
5	Trustee Approval	Chief:				
6	Medical Evaluation	Health & Wellness:				
7	Training Evaluation (Lateral Transfers only)	Training Officer:				
8	Equipment Issue	Equipment:				
9	Department Orientation	Captain/Asst. Chief				
10	Recruit Class Scheduling	Training Officer				

Remarks/comments for Unfavorable results, or for follow-up: