

Brussels – Union – Gardner Fire Department / EMR Brussels, Wisconsin 54204

P.O. Box 6
Brussels, Wisconsin

Station 1
1080 County Hwy C



EST. 1967



EST. 2025

Station 2
3116 N Stevenson Pier Rd

Application for Volunteer BUGFD/EMR

(Incomplete Applications will not be accepted)

MERGER

August 2024 marked the Official formation of the Brussels – Union – Gardner Fire Department EMR Group. This measure incorporates the former existing Brussels/Union EMRS and Gardner EMRS to form one EMR Group and placing them under the Fire Department Organizational Structure for the Towns of Brussels, Union, and Gardner. This merger will provide for multiple operational efficiencies, financial savings, consolidated training, resulting in less meetings and combining our groups of dedicated EMRS with main goals of providing excellent patient care in a timely response in all three towns under one department through working together.

MISSION

The members of the Brussels-Union-Gardner Fire Department and EMRS are dedicated to providing public safety services to the citizens of our fire district, that results in improved quality of life and peace of mind. As a team, we will strive to minimize losses and suffering through emergency service delivery, public education, public information and community service activities. We will treat those we serve and each other in a manner that is honest, fair, and unbiased. We will honor our heritage, actively participate in our community, and serve with integrity. We strive to support the individual development, personal satisfaction and pride of all members, and endeavor to uphold the unique camaraderie and trust that is the
Fire and EMR Service.



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Application for Volunteer BUGFD/EMR

(Incomplete Applications will not be accepted)

Application Information

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Other Are you over the age of 18: Yes No

Phone # Home: _____ Phone # Cell: _____

Date of Birth: _____ Social Security Number: _____

Valid Drivers License Number: _____

Date Available: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Date: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start Date: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Education

High School:	Address:		
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma:
College:	Address:		
From:	To:	Did You Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:
Other:	Address:		
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Background

Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any FIRE/EMS/EMR skills?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below?
Have you ever been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below?

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Other information you feel is helpful to your application

Current Training you may have or had (i.e. CPR, First Aid, License to Practice, etc.)

Please list any license, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

Applicant – please read carefully and sign below

Information provided and statements made as part of this application may be grounds for not employing you or dismissing you after you begin work. All information provided and statements made are subject to verification. All Applicants are subject to a background check.

Certification

All information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct and true to the best of my knowledge. I understand that if I am employed, any false information provided, or false statements made as part of this application, may be considered as cause for dismissal.

Signature _____ Date _____

- All applicants must have a valid driver's license.
- All applicants must be permanent residents within the BUGFD Service Area. Exceptions may be reviewed on a case-by-case basis depending on location relative to stations.
- Mail completed application to PO Box 6, Brussels, WI 54204