

## **BOONE COUNTY FIRE PROTECTION DISTRICT**



2201 I-70 Dr. NW -- Columbia, MO 65202 (573) 447-5000

## An Affirmative Action/Equal Opportunity Employer

## **Position Applying For: Volunteer**

|                              | Date Subr                    | nitted: 11/13/20  | 08 10   | :55:39PM              |                       |                |       |            |  |
|------------------------------|------------------------------|-------------------|---------|-----------------------|-----------------------|----------------|-------|------------|--|
| PERSONAL INFORMATION         |                              |                   |         |                       |                       |                | ì     |            |  |
| Name (Last)                  | (First)                      | (First) (N        |         | Middle)               |                       |                |       | (SSN)      |  |
| Stone                        | Christian                    |                   | Мо      | Gowan                 |                       |                |       | 3682       |  |
|                              |                              |                   | !       |                       |                       |                |       |            |  |
| (Address)                    |                              | (City)            |         |                       | (State)               |                | (Zip  | <b>)</b>   |  |
| 16151 Old Hwy 63 N           |                              | Sturgeon          |         |                       | MO                    |                | 65284 |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
| Telephone Number (Primary)   | Telephone Numb               | er (Secondary)    |         | (Email)               |                       |                |       |            |  |
| 573-795-3542 (Cell)          | Telephone Number (Secondary) |                   |         | cmstone2001@gmail.com |                       |                |       |            |  |
| 0.0.100 00.12 (00.1)         |                              |                   |         | 0111010110200         |                       |                |       |            |  |
| (DOB) (                      | DLN)                         | N) (DLN State & 0 |         |                       | Classifications) (DLN |                |       |            |  |
|                              | 93943682                     |                   |         |                       |                       |                |       | 06/14/2009 |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
| (Traffic Violation)          |                              |                   |         |                       |                       |                |       |            |  |
| No                           |                              |                   |         |                       |                       |                |       |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
| (Felony Conviction)          |                              |                   |         |                       |                       |                |       |            |  |
| No                           |                              |                   |         |                       |                       |                |       |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
| (US Citizen)                 |                              |                   |         |                       |                       |                |       |            |  |
| Yes                          |                              |                   |         |                       |                       |                |       |            |  |
| EMPLOYMENT HISTORY           |                              |                   |         |                       |                       |                |       |            |  |
| (Current Employer)           | (Position)                   |                   |         | (Start Date)          | (C                    | ontact Em      | ndov  | (Or)       |  |
|                              | Outsourced Risk Manager;     |                   | 01-2002 |                       |                       | (Contact Emplo |       | (CI)       |  |
| Insurance Services           | Field Underwrite             |                   |         | 01-2002               | Ye                    | <del></del>    |       |            |  |
| (Contact Employer)           |                              |                   |         |                       |                       |                |       |            |  |
| Yes                          |                              |                   |         |                       |                       |                |       |            |  |
|                              |                              |                   |         |                       |                       |                |       |            |  |
| (Employed Under Other Names) | No                           |                   |         |                       |                       |                |       |            |  |

**HIGH SCHOOL** 

| (School Name)                  | (ScI   | nool Address)                         |           |                     |                              | (Graduation Date) |                   |  |
|--------------------------------|--------|---------------------------------------|-----------|---------------------|------------------------------|-------------------|-------------------|--|
| Harrisburg R-8 School District | Han    | risburg, MO                           |           |                     |                              | 5-26-199          | 4                 |  |
|                                |        | -                                     |           |                     |                              |                   |                   |  |
| COLLEGE                        |        |                                       |           |                     |                              |                   |                   |  |
| (College)                      |        |                                       | (From)    |                     |                              | (To)              |                   |  |
|                                |        | 2-01                                  |           |                     | 8-02                         |                   |                   |  |
|                                |        |                                       |           |                     |                              |                   |                   |  |
| (Units)                        | (Ma    | jor)                                  |           | (Degre              | ee)                          |                   | (Year)            |  |
| 26 hours                       |        | ( 3                                   |           |                     | ·                            |                   |                   |  |
| LICENSES & REGISTRATIONS       |        |                                       |           |                     |                              |                   |                   |  |
| (License/Registration)         |        | (State & Number)                      |           | (Issuer)            |                              |                   | (Expiration Date) |  |
| Missouri Insurance Agent       |        | Missouri PR204099                     |           | Department of       |                              |                   | 7-2009            |  |
| License                        |        |                                       |           |                     | Insurance; State of Missouri |                   |                   |  |
| CERTIFICATIONS                 |        |                                       |           |                     |                              |                   |                   |  |
| CERTIFICATIONS                 |        |                                       |           |                     |                              |                   |                   |  |
|                                |        |                                       |           |                     |                              |                   |                   |  |
| MISCELLANEOUS FIRE DISTRIC     | T INFO |                                       |           |                     |                              |                   |                   |  |
| (Residency Program)            |        | (How Heard About BCFPD)               |           |                     | (Emergency So                | ganization)       |                   |  |
| No                             | Other  |                                       |           | No                  |                              |                   |                   |  |
| BCFPD KNOWN MEMBERS            |        |                                       |           |                     |                              |                   |                   |  |
| (Name)                         |        |                                       | (Stati    | on)                 |                              |                   |                   |  |
| Matthew Stone                  |        | Statio                                | Station 7 |                     |                              |                   |                   |  |
|                                |        |                                       |           |                     |                              |                   |                   |  |
| (Name)                         |        |                                       | (Stati    | on)                 |                              |                   |                   |  |
| Rocky Merritt                  |        |                                       |           | Station 5           |                              |                   |                   |  |
| •                              |        |                                       |           |                     |                              |                   |                   |  |
| (Name)                         |        |                                       | (Stati    | on)                 |                              |                   |                   |  |
| Kent Brockman                  |        |                                       |           | (Station) Station 5 |                              |                   |                   |  |
| Broomman                       |        |                                       | Static    | •                   |                              |                   |                   |  |
| REFERENCES                     |        |                                       |           |                     |                              |                   |                   |  |
| (Name)                         | (A     | ddress)                               |           |                     | (Relationship)               |                   | (Phone)           |  |
| Ben Morris                     |        | 6640 N. Bell Rd<br>Columbia, MO 65202 |           |                     | Friend                       |                   | 573-447-2412      |  |
|                                | 1      |                                       |           |                     | 1                            |                   |                   |  |
| (Name)                         | (A     | ddress)                               |           |                     | (Relationship)               |                   | (Phone)           |  |

| Kevin Montague | 1321 Valley Creek<br>Columbia, MO 65202 | Friend         | 573-814-3560 |
|----------------|-----------------------------------------|----------------|--------------|
| (Name)         | (Address)                               | (Relationship) | (Phone)      |
| Dale Turner    | 3801 Evergreen<br>Columbia, MO 65202    | Friend         | 573-489-4731 |