NEWBERRY COUNTY EMERGENCY SERVICES

VOLUNTEER FIRE/RESCUE APPLICATION FOR MEMBERSHIP

Emergency Service Applying to: ☐ Fire Department ☐ Rescue Squad ☐HazMat ☐CERT

Station Applied to: _____ **Date:** _____

Fill out entire application. Please print or type. A valid email account must be provided.
A copy of your Social Security Card and Driver's License are required with Application.

Personal Information

Name: _____ **Email:** _____
Last First Middle *Must provide valid email account*

Street Address: _____
Apt. or Unit

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **DOB:** _____
Home Work Ext Cell/Other

SS #: _____ **DL#:** _____
State Number Class

Military Service

Did you serve in the Military? ..... Yes ☐ No ☐

Branch: _____ **Highest Rank:** _____

Arrest/Traffic Violations

Have you ever been convicted of a Felony within the United States? ..... Yes ☐ No ☐
(Conviction will not necessarily disqualify applicant.)

If yes, explain: _____

Do you have any current violations/points against your driver's license? ... Yes ☐ No ☐

Do you give your consent for an investigation of your background that will include a check of your driving record and criminal history? ..... Yes ☐ No ☐

Drug Policy

Do you give your consent to submit to a pre-assignment drug test? ..... Yes ☐ No ☐

My signature appearing below indicates my consent for a full background investigation including driving record and criminal history as well as my submission to a pre-assignment drug test:

_____ _____
Signature Date

Medical/Emergency Information

Current physical condition ..... Excellent ☐ Good ☐ Fair ☐ Poor ☐

Current Medical Conditions: _____

In case of emergency, contact: *1) Primary; 2) Secondary*

1) Name: _____ Relationship: _____

Street Address: _____ Apt/Unit _____

City: _____ State: _____ Zip: _____

Phone: Home - _____ Work - _____ Cell/Other - _____

Medical/Emergency Information continued

2) Name: _____ Relationship: _____

Street Address: _____ Apt/Unit _____

City: _____ State: _____ Zip: _____

Phone: Home - _____ Work - _____ Cell/Other - _____

Emergency Service Information

Do you or have you ever had any prior Emergency Service experience? Yes ☐ No ☐

If yes, indicate which service: *(Check all that apply)*

☐ **Fire** Rank/ Position - _____ Years - _____

☐ Rescue Rank/ Position - _____ Years - _____

☐ **EMT** Rank/ Position - _____ Years - _____

Do you hold current Fire Department Identification? . . . . . Yes ☐ No ☐

Do you hold current Rescue Squad Identification? . . . . . Yes ☐ No ☐

If any, describe any Emergency Service Training you have:

(Include Fire Training, Rescue Training, EMS Training, CPR, First Aid, etc.)

Training Type / Course Name	Expiration Date Recertification Date

List below any Emergency/Special Skills not listed above:

_____

_____

_____

_____

_____

Indicate when you are available to respond: *(Check all that apply)*

☐ Day ☐ Night ☐ Weekend ☐ Holiday ☐ Any time

Are you permitted to leave your place of employment to answer emergency calls?. . . . . Yes ☐ No ☐

If yes, is your salary/wage affected?. . . . . Yes ☐ No ☐

Education

Please list your education information below:

	School Name	Dates Attended	Degree(s) Earned	Did you graduate?
Elementary				
High School			☐ Diploma ☐ GED	Yes ☐ No ☐
Technical School				Yes ☐ No ☐
College/University				Yes ☐ No ☐
Other *(specify)*:				Yes ☐ No ☐

Applicant Statement

Please read the following statement carefully. Ask for clarification if needed.

The undersigned has applied for a volunteer position with the Newberry County Fire/Rescue and hereby authorizes the Newberry County Fire/Rescue to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the Newberry County Fire/Rescue. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for membership and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if assigned.

I agree that if assigned, Newberry County Fire/Rescue or I may terminate my membership at any time with or without cause. I understand that no Fire/Rescue policy, practice, procedure, or statement by any Fire/Rescue representative shall limit or alter this At-Will membership relationship.

I have read and understand the above Statements:

Applicant's Signature: _____ **Date:** _____

Recommendation and Signatures

This applicant has been proposed by the following member:

Member's Name: _____ **Station #:** _____

Chief's Signature: _____ **Station #:** _____

*** * * NOTICE * * * NOTICE * * * NOTICE * * * NOTICE * * * NOTICE * * ***

Please review this application for errors and omissions.

To complete this application, a South Carolina Firefighter Registration Act form for Request for Criminal Record Review must be completed.