# Tyger River Fire Department

Volunteer Application
For membership in the Tyger River Fire Department

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____
Home Work Cell

DOB: _____ Age: _____ Marital Status _____

Social Security #: _____ DL # _____ State _____

*Please leave a copy of your Social Security card and drivers license*

Has your drivers license ever been suspended or revoked? Yes or No

DL# _____ Violations? Yes or No. If yes give date and location.

_____

_____

Have you even been bonded? Yes or No
Have you ever been a member of another fire department? Yes or No. If yes please give the name, address and phone number for that department

_____

_____

Do you have any physical limitations? Yes or No. If yes, please list.

_____

_____

*The Tyger River Fire Department is an Equal Opportunity Employer*

Education

High School _____ Address: _____

Grade Completed _____ College _____

Address _____ Degree (s) Awarded _____

Other Education _____

Fire Service Education: (list schools and courses here. Attach a copy of all certificates with resume)

_____

_____

_____

_____

_____

# Tyger River Fire Department

Volunteer Application Information Continued

**Employment History (list current first)**

Current: _____ Phone: _____

Address: _____

Position: _____ Supervisor _____

May we contact your present employer? Yes or No

Previous: _____ Phone: _____

Address: _____

Position: _____ Supervisor _____

Previous: _____ Phone: _____

Address: _____

Position: _____ Supervisor _____

Previous: _____ Phone: _____

Address: _____

Position: _____ Supervisor _____

Previous: _____ Phone: _____

Address: _____

Position: _____ Supervisor _____

# Tyger River Fire Department

Volunteer Application Information Continued

Person to be contacted in the event of an emergency: _____

Address: _____

Phone _____ Relationship _____

I hereby certify that the facts set forth in this application are true and accurate and that any misrepresentation or omission of facts may result in being disqualified or my being discharged from the Tyger River Fire Department. The Tyger River Fire Department is hereby authorized to investigate employment, criminal, medical or any other histories considered necessary. I hereby release employers, schools, physicians, and any other persons from all liability in regards to responses to inquiries in connection to my application. I understand that this application does not guarantee employment with the Tyger River Fire Department. This application will remain active for six months.

Applicant Signature _____

Witness _____ Date: _____

**South Carolina Firefighter Registration Act**
Request for Criminal Record Review

Name: _____ (Full Given Name)

Address: _____

_____
City State Zip

Social Security # _____ - _____ - _____ Date of Birth ___/___/_____

Driver's License: State _____ Number _____

Race: _____ Sex: ❑ Male ❑ Female

**********

I, _____ do hereby grant approval for the
(Print Name)

_____ to inquire and receive any and
(Name of Fire Department or Employer)

all criminal information pertaining to me.

_____ _____
(Applicant Signature) (Date)

_____ _____
(Authorized Signature) (Date)

**Mail Request To:**
S.L.E.D. Records
PO Box 21398
Columbia, SC 29221-1398
Phone: 1-803-737-9000

**S.L.E.D. Should Return Information To:**
_____
_____
_____
_____

**Reports should be returned to the Fire Department – Not to the Fire Marshal's Office.**

***Note to Fire Departments: Please include a self-addressed envelope for return of report from S.L.E.D.**

FR2 7/1/01

# South Carolina Firefighter Registration Form

**South Carolina State Fire Marshal's Office**
**141 Monticello Trail**
**Columbia, South Carolina 29203**

**A.** Name: _____
Last First Middle

Home Address _____

Social Security Number: _____-_____-_____ Date of Birth: _____/_____/_____
Month Day Year

Driver's License Number: _____ State: _____ Class D/L: (Circle One) A B C D E F M G

Name of Employing Fire Department: _____

Fire Department Mailing Address: _____

City: _____ Zip Code: _____ FDID #: _____

Telephone Number: (_____)- _____- _____ Status: _____Paid _____Volunteer

❑ Background Check Completed
Date: _____
(Necessary if Employed On or After July 1, 2001)

❑ Employed Prior to July 1, 2001
Employment Date: _____

By Signature I certify that the above named individual is eligible for registration under the provisions of Title 40, Chapter 80, South Carolina Code of Laws.

_____
Fire Chief (Print Name) Date

_____
Fire Chief (Signature) Date

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**B.** **ACTION TAKEN**
(For All Actions Taken On or After July 1, 2001)

Please Check

_____ Employment Date (See Section 40-80-10.B.2) Effective Date: _____
_____ Termination Effective Date: _____
_____ Voluntary Separation Effective Date: _____
_____ Retirement Effective Date: _____
_____ Inactive Effective Date: _____
_____ Member of Multiple Departments – List: _____
_____ Other (Explain) _____

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**C.** **Do Not Write Below This Line**
**(For SCFM Use Only)**

The named individual _____ is

❑ Registered as a firefighter in the State of South Carolina

Registration Number: _____ Date: _____

❑ Denied registration based on: _____

_____

FR1 *7/1/01*

_____
Authorized Signature

# Tyger River Fire Department

## Annual Medical Statement of Personnel

**NOTE:** This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other employees. If any of the questions are answered "YES," be sure the answer is fully explained.

### Questions:

Name: _____

Address: _____

City & State: _____ Zip: _____

Full Time Occupation: _____

Name of Organization: _____

Position/Title: _____

Social Security No. _____

What is your Valid State Operators Plate No. _____

**REMARKS: If any question is answered, "YES," give particulars below. For medical histories, underline the item and identify by referring to question number and letter. Give dates, symptoms, duration, treatment results, names and addresses of doctors, hospitals, etc.**

1. **Birth Date:** Month: _____ Day: _____ Year: _____

| | | Yes | No |
|---|---|---|---|
| **2. Eyesight:** | | | |
| a. | Have you lost use of either eye? _____ R _____ L | ☐ | ☐ |
| b. | Is peripheral (side) vision restricted? | ☐ | ☐ |
| c. | Are you color blind? | ☐ | ☐ |
| d. | Do you have, or have you ever had, cataracts? | ☐ | ☐ |
| e. | Are actual deficiencies corrected by glasses or contact lenses? | ☐ | ☐ |
| f. | Date of last eye examination: | _____ | |
| **3. Hearing:** | | | |
| a. | Do you have difficulty hearing normal conversation level? | ☐ | ☐ |
| b. | Do you use a hearing aid? | ☐ | ☐ |
| **4. Diabetes:** | | | |
| a. | Have you ever been treated for diabetes? | ☐ | ☐ |
| b. | Describe current medication and dosage, if any, and method of administration under "remarks." | | |
| c. | Date of latest blood sugar test: | _____ | |
| **5. Heart:** | | | |
| a. | Have you ever been treated for heart disease? | ☐ | ☐ |
| b. | Describe condition: | _____ | |
| c. | Describe current medication and dosage, if any, under "remarks." | | |
| d. | Do you have a pacemaker? | ☐ | ☐ |
| e. | Date of last treatment or check-up: | _____ | |
| **6. Epilepsy:** | | | |
| a. | Have you ever been treated for epilepsy? | ☐ | ☐ |
| b. | If "Yes," when was your last seizure? | _____ | |
| c. | Describe current medication and dosage, if any, under "remarks." | | |

## Questions:

**REMARKS:**

| | Yes | No |
|---|---|---|
| **7. Blood Pressure:** | | |
| a. Have you ever been treated for high blood pressure? ....a. | ☐ | ☐ |
| b. If "Yes," when were you treated? ....b. | _____ | |
| c. What was your last reading? ....c. | _____ | |
| d. Describe current medication and dosage, if any, under "remarks." | | |
| **8. Limbs:** | | |
| a. Have you lost an arm or leg? ....a. | ☐ | ☐ |
| b. Have you lost the use of an arm or leg? ....b. | ☐ | ☐ |
| c. Does vehicle have special controls? ....c. | ☐ | ☐ |
| d. If "Yes" to any of the above, describe under "remarks." | | |
| **9. Miscellaneous:** | | |
| a. Have you ever had, or been treated for, Convulsions? ....a. | ☐ | ☐ |
| b. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| c. Have you ever had any Fainting Spells? ....c. | ☐ | ☐ |
| d. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| e. Have you ever had, or been treated for, Loss of Equilibrium? ....e. | ☐ | ☐ |
| f. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| g. Have you ever been treated for Alcohol or Drug Abuse? ....g. | ☐ | ☐ |
| h. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| i. Have you ever been treated for Mental Illness? ....i. | ☐ | ☐ |
| j. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks." | | |
| **10. What is the date of your last physical examination?** .... | _____ | |
| **11. Are there any restrictions posted on your vehicle operator's license?** .... | ☐ | ☐ |
| **12. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle?** .... | ☐ | ☐ |

**13. When and for what purpose, did you last consult a doctor?**

_____

_____

**14. Full Name, address and telephone number of your personal physician.**

**Name:** _____

**Address:** _____

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

**The answers to the above are complete, accurate, and true to the best of my knowledge.**

_____ _____

**Signature of Person Named Above** **Date**

### Authorization For Release

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give _____ _____ Department/Company any such information."

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

_____ _____

**Signature of Person Named Above** **Date**

# Tyger River Fire Department

Volunteer Application Check List

Please be sure to include all of the required items in the checklist with your completed application.

| Required Items | Initials |
|---|---|
| Completed Application | |
| Copy of Drivers License | |
| Copy of Social Security Card | |
| Medical Statement | |
| SLED Background check | |
| Firefighter Registration Form | |
| Copies of Certifications | |