

Red Oak Community Rural Fire Dept., Inc.



Application Packet

2025

Welcome!

Becoming a volunteer firefighter is a noble pursuit. Volunteer firefighters first began assisting their communities over 400 years ago and have saved countless lives and properties. Red Oak Community Rural Fire Department has been in existence for over 60 years and continues the tradition of helping others through training, hard work, and responding to emergencies day and night. Today's volunteer fire service, however, is "not your grandfathers fire service." Today, firefighters are expected to respond not only to fires but also to vehicle crashes, hazardous materials incidents, medical emergencies, fire alarms, and public service calls.

When you join our fire department, you are also becoming "one of the family," a special brotherhood and sisterhood of dedicated public servants. We strive to have members who want to do their best for the community and the department. Your answers to questions in this application will give us an idea about you and your desire to become a member of our organization. Please complete the questions fully and honestly.

Once you become a member of the department you will have an orientation and then become involved in training, meetings, and emergency and non-emergency response. It will take time and effort on your part, but we will be there to guide you as you develop the knowledge and skills to effectively participate in the department's activities. You will become part of the team!

Thank you for your interest in becoming a member of our fire department. I look forward to receiving your application.

Warmly,

Danny Coward
Fire Chief

Application for Fire Department Membership

Fire Department: Red Oak Community Rural Fire Department

Last _____ First _____ Middle _____

Social Security Number: _____

Address _____ City _____ State _____

Zip _____ Gender _____ Race _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell Phone (optional): _____

Email Address: _____

Drivers License Number _____ State: _____

Date joined Fire Department _____

Primary Department: Yes or No (circle one)

Paid Part-Time _____ Paid Full-Time _____ Volunteer _____

Auxiliary _____ Retired _____ Junior _____

Next of Kin Information

Name _____ Relation _____

Phone Number _____

Address _____ City _____ State _____

Zip _____

Do you wish to participate in Text Messaging program? Yes () No () Please check.

Phone Number (_____) _____ Carrier: _____
Area Code Number

I acknowledge that I have read the Pitt County Fire Service Text Messaging Dispatch Agreement and agree to the terms and conditions set forth in said agreement.

Applicant's signature _____ Date _____

Fire Chief's signature _____ Date _____

IMPORTANT: To assure our data is accurate and to properly enroll you with Workers' Compensation all blanks must be completed before this application will be accepted in the Emergency Management Office. When you fax an application the original must be mailed or delivered to the Emergency Management Office within 30 days. A faxed application is not always legible.

Additional Applicant Information

Number of years/months living at your current address: _____

List the previous three addresses at which you have lived and dates of residence:

Mobile Phone _____

Do you have a CDL Driver License? Yes ____ No ____

Current and Previous Fire Department Experience

Are you currently a member of a volunteer fire department? Yes ____ No ____

If YES, name of department: _____ Date Joined: _____

Do you plan to remain a member of that department after joining ROFD? Yes ____ No ____

If formerly a member of another department(s), give name of department(s), dates of membership, and reason for leaving:

Employment Information

Present Employer: _____

Address: _____

Dates of Employment: Start Date: _____ Supervisor: _____

Next Previous Employer: _____

Address: _____

Dates of Employment: Start: _____ Ending: _____

Supervisor: _____ Reason for Leaving: _____

Next Previous Employer: _____

Address: _____

Dates of Employment: Start: _____ Ending: _____

Supervisor: _____ Reason for Leaving: _____

Education

High School: _____

Graduation (Year): _____ GED (Year): _____

College: _____
Name and Location

Dates of Attendance _____ Major _____ Degree _____

College: _____
Name and Location

Dates of Attendance _____ Major _____ Degree _____

College: _____
Name and Location

Dates of Attendance _____ Major _____ Degree _____

Additional Background Information

Have you ever been convicted of a crime? No _____ Yes: _____ If Yes, explain: _____

Other than parking, have you ever been convicted of any traffic violations? No _____ Yes _____

If Yes, give location, date and violation: _____

Are you a Veteran? If yes, give branch and dates of service: _____

Are you still a member of the Armed Forces? If yes, give details: _____

References

List three persons who are not family members who know you well and are willing to serve as a reference:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Please let your references know that they may receive a phone reference check from ROFD.

Acknowledgments

I make this application knowing that membership in the ROFD imposes obligations and duties, and I believe that I will have the time and ability to attend regular meetings, training, and respond to calls. I am willing to do the work and accept the risks entailed in membership. I acknowledge that there are specific requirements of training, call response, meeting attendance, and appropriate behavior required for continued membership in the Fire Department. To the best of my knowledge, information and belief, I am in good physical and mental health and will supply a statement from my doctor that I am physically and mentally fit if requested.

I agree to abide by and conform to the By-Laws, all Standard Operating Procedures and Guidelines, and other policies and regulations of the Fire Department. I will obey to the best of my ability the lawful orders of the officers of the Fire Department. I agree that all issued equipment is the property of Red Oak Fire Department and must be surrendered at the request of the Chief. Failure to surrender equipment may result in legal action.

I authorize a review of and full disclosure of all records concerning myself to the Red Oak Community Rural Fire Department, whether said records are of public or confidential nature. I give my consent for full and complete disclosure of records of educational institutions, medical treatments, United States Veterans Administration, any branch of the United States Armed Forces, welfare and unemployment services, employment records, criminal records, records of recollection of attorneys at law or of other counsel whether representing me or another person in any case, either criminal or civil, in which I had an interest. I give authorization for my references, previous employers, and officials of any previous public service agency of which I was a member to share opinions and information about me. I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for acceptance by the Red Oak Community Rural Fire Department. I do hereby release any person(s) from any and all liability which may be incurred as a result of furnishing public or private information about me. I release the Red Oak Community Rural Fire Department, its Board of Directors, officers, and members, from any liability which may be incurred as a result of collecting and using this information.

I acknowledge that a photocopy of this acknowledgement page will serve as my permission to share information and will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I acknowledge that the information and answers that I have provided are true to the best of my belief. I acknowledge that I have read and understand this application. I understand that if I provide any false information or fail to disclose pertinent information that this may be grounds for rejection of this application and/or dismissal from membership.

Applicant's signature: _____ Date _____

Applicant's Printed Name: _____

Red Oak Fire Department
Basic Incident Command Course Requirements

Prospective New Member Name: _____

NIMS 100, 700, and 800 are national Incident Command Courses that must be completed by every member of this organization in order for ROFD to be eligible to receive federal funding. This requirement includes new members who are joining the department. These courses can be completed online through FEMA.

Members are allowed to work at their own pace and on their schedule. The courses can be accessed through the following website:

<http://www.training.fema.gov>

Simply follow the directions for each course and print out the certificate of completion when you finish each course. Attach a copy of the certificate to your application or place a copy of the certificate in the Training Officers box or in the completed training box.

Date of completion for the following:

NIMS 100: _____

NIMS 700: _____

NIMS 800: _____

RED OAK FIRE DEPARTMENT

APPLICANT TRACKING FORM (For Department Use)

Date completed application received by Membership Committee: _____

Background check received and date: _____

Date References contacted and by whom: _____

Date application reviewed by Membership Committee: _____

Date Committee recommendation submitted to Chief: _____

Applicant lives in ROFD district (or within 2 miles): Yes _____ No _____

Member of mutual aid fire department? Yes _____ No _____

Membership Category (circle): Active, Associate, Affiliate, Junior

Photocopy of applicants drivers license obtained _____

Photocopy of applicants social security card obtained _____

Completed VFIS Accident and Sickness Beneficiary forms _____

Completed NCSFA Provident form _____

Date of completion of NIMS 100 course: _____

Date of completion of NIMS 700 course: _____

Date of completion of NIMS 800 course: _____

Completed HIPPA Form _____

Date completed Orientation: _____

Equipment Issued:

<u>Date Issued</u>	<u>Equipment Type</u>	<u>Serial Number</u>	<u>Issuing Officer</u>
	Pager		
	Helmet		
	Coat		
	Jacket		
	Pants		
	Boots		
	FF Gloves		
	Ext. Gloves		
	Hood		

Applicant agrees that all issued equipment is the property of Red Oak Fire Department and must be surrendered at the request of the Chief. Failure to surrender equipment may result in legal action.

Applicant Name: _____ Signature: _____