



Volunteer Application

PERSONAL

Name: _____ Social Security Number: _____
Last First Middle XXX-XX-XXXX

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____
XXX-XXX-XXXX XXX-XXX-XXXX

Email Address: _____

Date of Birth: _____
mm/dd/yyyy

MARITAL

Marital Status: _____

Name of Spouse: _____ Spouse Phone Number: _____
XXX-XXX-XXXX

USE OF ALCOHOL OR DRUGS

Do you drink alcoholic beverages? _____

If YES, how often and in what amounts? _____

Have you ever used, to include tasting, any illegal drugs including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation? _____

If YES, what were the circumstances, drugs used, and when did the usage last occur?

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident.

Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" as used in this question includes being issued a criminal citation or summons.)

_____ If YES, give details below:

1. Offense Charged	_____	2. Offense Charged	_____
Date	_____	Date	_____
Disposition/Ruling	_____	Disposition/Ruling	_____

Have you ever been charged with a felony? If YES, give details:

Have you ever been placed on probation? IF YES, give details:

Do you possess a valid driver's license from the State of North Carolina? _____

Driver's License Number _____ Year Issued _____

Was your driver's license ever suspended or revoked? _____

If YES, state which and give reasons:

Was your driver's license ever restored? _____ If YES, When? _____

Have your driving privileges ever been restricted? _____ If YES, give details:

WORK HISTORY

1. Title of present or last position: _____

Employers Address and Phone Number: _____
Name Phone Number

Street City State Zip Code

Name/Title of Supervisor: _____

Number of Hours Worked Per Week: _____

Duties: _____

2. Title of present or last position: _____

Employers Address and Phone Number: _____
Name Phone Number

Street City State Zip Code

Name/Title of Supervisor: _____

Number of Hours Worked Per Week: _____

Duties: _____

MEDICAL HISTORY

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy,headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List ALL hospitalizations and operations since childhood:
(Include type of surgery, date of surgery, any complications or other significant information)

CAREER OBJECTIVES

Briefly explain your reasons for applying for this Fire Department:

List any fire related skills, training, classes and experience below.

Have you ever been associated with an emergency service organization? If so, explain your involvement, i.e. shifts, types of calls, amount of training, etc.

REFERNCES

Give the names of three responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Telephone

Applicant's Signature

Parent/Guardian's Signature

Date

Autryville Fire Department Disciplinary Policy

Disciplinary Action is the result of direct or indirect information of a fire department member acting in a manner that may discredit the fire department in the eyes of the community; willfully cause damage to fire department property and/or; willfully harm a fellow firefighter while performing official duties. Disciplinary Action is meant to reprimand and provide corrective measures to a firefighter for the above actions.

An Advisory Committee made up of the (The Chief, 1 Officer, and at least 1 other member Officer or Firefighter), will review all disciplinary problems requiring a written reprimand or greater.

Disciplinary actions requiring a suspension and dismissal will be the responsibility of the Fire Chief. The member facing the disciplinary action has this one meeting to explain his actions and possibly have the action dismissed.

- Disciplinary Actions that will be utilized for disciplinary infractions are as follows:
 - Verbal and Written Reprimand
 - 10 Day Suspension
 - 30 Day Suspension
 - Demotion Recommended
 - Dismissal Recommended

Disciplinary Actions do not have to proceed in the order given if the infraction warrants a more warranted action.

- Disciplinary Action term explanation:
 - **Verbal and Written Reprimand** - An infraction brought to a firefighter's attention for expected improvement immediately, with a copy given to the firefighter and a copy placed in that fire fighters personnel file. Written reprimands are reviewed every 90 days to assure the firefighter is complying with the improvement measures provided.
 - **10 Day Suspension** - A serious infraction or multiple minor infractions brought to a firefighter's attention, which requires the advisory committee and the Fire Chief to remove the firefighter from fire department functions for a period of not less than 10 days. After that period, the firefighter and the advisory committee will convene to determine the next course of action.
 - **30 Day Suspension** - A serious infraction or multiple minor infractions brought to a firefighter's attention, which requires the advisory committee and the Fire Chief to remove the firefighter from fire department functions for a period of not less than 10 days. After that period, the firefighter and the advisory committee will convene to determine the next course of action.
 - **Demotion** - A serious infraction or multiple minor infractions brought to a officer's or firefighter's attention, which requires the advisory committee and the Fire Chief to remove the officer or firefighter from fire department rank and functions. After that period, the firefighter and the advisory committee will convene to determine the next course of action.
 - **Dismissal** - The permanent removal of a firefighter from the fire department roster. Recommended by the advisory committee and completed by the Fire Chief with notification/approval of the Board of Directors.

- Examples of infractions:
 - Misuse of fire department property/funds
 - DWI, Alcohol or Illegal substances on Town property (Immediate dismissal)
 - Fighting, discrimination or hazing
 - Inappropriate behavior (unethical or sexual misconduct)
 - Insubordination
 - Inappropriate incident behavior
 - Stealing
 - Fire department attendance
 - Failure to wear seatbelts, utilize spotters or wear proper protective equipment

Captains and Lieutenants have the authority to take corrective disciplinary action in the form of verbal reprimand and written reprimand for infractions meeting those requirements.

Any disciplinary action taken by an officer will be brought to the attention of the Fire Chief and/or Asst. Chief. The Fire Chief will keep the advisory committee advised of written reprimands or greater.

The Fire Chief or Asst. Fire Chief has the authority to suspend any member which would prove in the best interest and safety of the Fire Department. Notification should be made to the Advisory Committee and Board of Directors as soon as practical.

APPLICANT DRUG AND ALCOHOL TESTING CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the Autryville Fire Department to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorize the Autryville Fire Department management for appropriate review.

I understand that the results of the drug/alcohol testing of my urine, for a period of three months, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the Autryville Fire Department, I must abide by their terms of the Autryville Fire Department's Drug and Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in the Autryville Fire Department policy. I understand that submission to such testing is a condition of employment with the Autryville Fire Department and disciplinary action, up to and including termination, may result for violating the Autryville Fire Department's Drug and Alcohol Policy. I hereby consent to the administration of the drug and alcohol test to the terms and conditions of the Consent Agreement.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

Witness's Signature (Fire Department Officer)

Date

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I, _____, authorize the Autryville Fire Department to conduct a personal background investigation in connection with my application for employment.

This investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle Records, listed personal references and/or developed references, previous employers and/or present employer and other appropriate sources. Additionally, this information may include results of background investigations and psychological evaluations as well as information related to substance abuse.

I authorize the release of any information that the Autryville Fire Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment.

I fully understand that all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications, my application may be rejected or if already employed, my employment terminated.

Applicant's Signature

Parent/Guardian's Signature

Date

STATE OF NORTH CAROLINA

COUNTY OF _____

I, a Notary Public, Hereby certify that _____, personally appeared before me this day and acknowledge the due execution of the foregoing Authorization.

Witness my hand and notorial seal, this the _____ day of _____,
20____.

Official Signature of Notary Public

Notary's printed or typed name, Notary Public

My Commission Expires:

AUTOPSY RELEASE

The undersigned, being a fireman in the above county and State, and recognizing that the duties of a fireman are dangerous and may result in death, and realizing further that it may be difficult to prove the death was a result of injuries sustained in the line of duty in order to secure the benefits provided for the survivors;

Now, therefore, pursuant to G.S.90-217 in the event I shall die under circumstances that could possibly be related to firefighting activities it is directed that an autopsy be performed on my body and that the results be made available for any action in connection with the securing of benefits due my survivors under local, State or Federal Law.

Applicant's Signature

Parent/Guardian's Signature

Date

STATE OF NORTH CAROLINA

COUNTY OF _____

I, a Notary Public, Hereby certify that _____, personally appeared before me this day and acknowledge the due execution of the foregoing Authorization.

Witness my hand and notorial seal, this the _____ day of _____,
20____.

Official Signature of Notary

Notary's printed or typed name, Notary Public

My Commission Expires:

BENEFICIARY DESIGNATION

Autryville Fire Department

Member's Name

I hereby designate the following beneficiary(ies) with respect to indemnity for loss of life, revoking any previous beneficiary designation with respect to any benefits payable through my membership in the Autryville Fire Department. (Give name and relationship to Fire Department member. If more than one beneficiary, state the percentage that each should receive.)

Name of Beneficiary

Relationship

Share %

Name of Beneficiary

Relationship

Share %

Name of Beneficiary

Relationship

Share %

Name of Beneficiary

Relationship

Share %

Member's Signature

Date

EMERGENCY CONTACT INFO.

NAME _____ CONTACT NUMBER _____
RELATIONSHIP _____

NAME _____ CONTACT NUMBER _____
RELATIONSHIP _____

NAME _____ CONTACT NUMBER _____
RELATIONSHIP _____

ARRANGEMENTS

Autryville Fire Department

Member's Name

1. Who should be the first person to visit the family from the Fire Department
 - A. Chaplain
 - B. Fire Chief
 - C. Senior Officer
 - D. Department
 - E. Other _____
2. Do you want a firefighter at the house from 12pm til 8pm YES NO
3. Do you want a firefighter at the funeral home during visitation YES NO
4. Do you want a wreath with a black ribbon on the door YES NO
5. Do you want the fire apparatus
 - A. In front of the hearse YES NO
 - B. Casket to ride on top of the fire apparatus YES NO
 - C. Fire apparatus parked at the entrance of the cemetery YES NO
 - D. Ladder truck parked at the entrance of the cemetery YES NO
6. Firefighters to carry the casket throughout the ceremony YES NO
7. All the firefighters while at the grave site to line up in two lines from the hearse to the grave site and face the casket while being carried YES NO
8. The Chief, Chaplain, and Senior Officer will go back to the house to see if any further assistance is needed from the Fire Department YES NO

Signature of Firefighter

Date