

SHELBY COUNTY
VOLUNTEER FIRE
DEPARTMENT



APPLICATION PACKET

Shelby County Suburban Fire District
Volunteer Firefighter Position Description

Before completing this application, read and understand the position description.

Position Title: Volunteer Firefighter

Essential Functions: The most important and indispensable duties required of a volunteer firefighter with the Shelby County Suburban Fire District, relate to Fire Suppression and Rescue Procedures, including the following functions:

1. **Safety:** A firefighter must:
 - (a) Learn the dangerous building conditions created by fire;
 - (b) Be able to act in a fire situation or hostile environment;
 - (c) Be able to use safety procedures in an emergency operation in relation to:
 - (1) Protective equipment, (2) Teamwork, (3) Portable tools and equipment, (4) Riding on apparatus, (5) Hazardous material incidents
 - (d) Not pose a direct threat or significant risk to health or safety of other firefighters or the public
2. **Emergency Medical Care:** A firefighter with Shelby County Suburban Fire District may be certified as an Emergency Medical Technician or First Responder and maintain certification. At a minimum, firefighters will be required to maintain certification in CPR, AED and basic first aid.
3. **Firefighting and Rescue:** Firefighter and Rescue operations take place during some of the most difficult times. A firefighter must be able to think clearly and quickly in situation of high stress and weather extremes. Firefighters must be capable of lifting heavy loads, bending, stooping and crawling on hands and knees. During the course of training, firefighting, and rescue, a firefighter will be required to use a wide variety of fire equipment such as nozzles, hoses and other appliances carried on a pumper as well as advancing hose lines. Working from ladders with a charged hose line, positioning hoses into a building and performing victim rescue during emergency situations are common tasks performed by the firefighter.
4. **Self-Contained Breathing Apparatus:** A firefighter must be capable of wearing and utilizing a breathing apparatus while working in hazardous atmospheres without becoming claustrophobic. Facial hair that prevents the direct seal between the SCBA face piece and the users face shall not be permitted.
5. **Forcible Entry:** A firefighter must have sufficient strength and stamina to be able to use manual forcible entry tools.
6. **Ladders:** A firefighter must be able to carry, raise, and climb ground ladders and aerial ladders while wearing a full ensemble of firefighter protective clothing and carrying fire fighting tools or equipment while ascending and descending, and while bringing injured persons down the ladder.
7. **Reasonable Accommodations:** The Shelby County Suburban Fire District will make reasonable accommodations for any individual with disabilities unless the accommodations would present a direct threat or significant risk to the health or safety of other firefighters or the public, or impose an undue hardship on the operation of the Shelby County Suburban Fire District.

SHELBY COUNTY SUBURBAN FIRE DISTRICT STANDARD OPERATING GUIDELINES

POLICY NUMBER
002-001

DATE EFFECTIVE
07/01/1994

REVISION DATE
11/1/2021

SECTION
MEMBERSHIP

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INTENT

The purpose of this Policy is to outline the requirements for applying for membership with the Shelby County Suburban Fire District.

SCOPE

This Guideline shall apply to all persons applying for volunteer membership with the Shelby County Suburban Fire District.

I. Minimum Qualification Requirements

- A. All applicants must be at least eighteen (18) years of age as of the date of the application.
- B. All applicants must have a valid Kentucky driver's license and maintain at least the minimum insurance required by Kentucky law.
- C. All applicants should live within the geographic boundaries of the Shelby County Suburban Fire District. Exceptions to this requirement must be approved by the Chief or his Designee.
- D. An applicant who is a current volunteer member of another fire department and plans to retain that membership during his/her membership with the Shelby County Fire District must be a Kentucky certified (150 hour) firefighter before being considered for membership with the Shelby County Fire District.

II. Minimum Standards to Maintain Position:

- A. Complete the six (6) month recruit period of Shelby County Suburban Fire District
- B. Complete the twelve (12) month probationary period of the Shelby County Suburban Fire District.
- C. Attend a minimum of eight (8) scheduled department training sessions per quarter (See Guideline 002-002)
- D. Respond to a minimum of twenty-five (25%) percent of all emergency response per quarter (See Guideline 002-002)
- E. Comply with the rules, regulations and standard operating guidelines of the Shelby County Fire District.

III. Process

The Shelby County Suburban Fire District carefully selects candidates through written application, reference checking and interview. Our procedure follows these steps:

- A. Submission of a complete application form, a copy (both sides) of a valid Kentucky driver's license, and a copy of valid auto insurance.
- B. Background Investigation: All applicants will be subject to a background investigation performed by the fire district. This may include verification of information provided on the application, interviews with references, verification of employers and performance, past

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fire department membership and performance and an investigation of driving and police records to determine if any matters exist which would affect the firefighter in the performance of his/her duties and responsibility as a firefighter.

1. Conviction Records: A non-felony conviction or arrest will not automatically remove an applicant from consideration for a volunteer firefighter position with the Shelby County Suburban Fire District. The nature of the conviction or arrest and how long ago it occurred will be taken into account. Any activity that may be detrimental to the department and/or if the applicant suffers from alcohol and/or drug dependency, the interview committee may reject the application. Applicant will present all the facts so that a decision can be made. **Failure to disclose any information concerning convictions will be grounds for removal of applicant from consideration.**
 2. **NOTE: Applicants will not be considered for a position with the Shelby County Suburban Fire District if there is a history of a felony conviction, a conviction involving a minor child or a conviction involving illicit drug activity.**
- C. Reference checks (no relatives)
- D. Interview with the committee which is appointed by the Chief.
1. The interview committee: Will consist of the Fire Chief (or his designee), Asst. Chief of Training Bureau, Company Officer and two (2) Firefighters. The committee will oversee the application process and will conduct the interview, application process and orientation with the applicant.
- E. Offer of Position: After satisfactory completion of background investigation and interview, the Shelby County Suburban Fire District may make an offer of volunteer firefighter based on completion of the probationary period.
- F. Once the application is approved, the applicant will be notified when to begin his/her Recruit Training Period. At that time the applicant will be designated as a Recruit of the Shelby County Suburban Fire District and will be advised how to access departmental Standard Operating Guidelines.
- G. An applicant who is a current volunteer member of another fire department, previous member of another fire department, or previous member of the Shelby County Fire Department will follow the training guidelines described in Policy Number 003-002, Transfer Program.
- H. All applicants will be required to complete a physical and a drug screening performed by the fire department physician. The physician must declare the applicant "fit for duty" in accordance with NFPA standard 1582, for firefighter physicals, before the applicant can enter the Recruit period.

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- IV. Difficult and Strenuous Work: All fire suppression personnel will be subjected to difficult and strenuous work during their training period. All Recruits must be in good physical condition and must be free of any serious medical/physical conditions or impairments.**
- V. The foregoing information is not exhaustive, but should give applicants a good idea of what is involved in becoming a volunteer firefighter with the Shelby County Suburban Fire District. The information is not intended to discourage applicants, rather inform applicants. It requires a very serious commitment to be a firefighter in Shelby County.
- VI. The Chief and/or designee and the Asst. Chief of Training Bureau may waive the above requirements due to extenuating or special circumstances. Applicants requesting such a waiver should do so in writing. This written request should be submitted to the interview committee outlining their particular circumstance. The interview committee retains the right to either accept or reject any and all requests.

SHELBY COUNTY FIRE & RESCUE

200 Alpine Drive
PO Box 1027
Shelbyville, KY 40065
Phone 502-633-6648
Fax 502-633-7033
www.shelbycofire.com



Application for Membership

Application for (Check One):

Volunteer Firefighter

Reactivation/Transfer Firefighter :: Kentucky Firefighter Number _____

Other

PLEASE COMPLETE THE FOLLOWING INFORMATION NEATLY (Print or Type)
If we cannot read the information, the application may be rejected.

Today's Date: ____ / ____ / ____

Full Name

_____ DOB: ____ / ____ / ____

Last First Middle

Preferred Name/Nickname: _____ SSN: ____ - ____ - ____

(optional)

Current Address:

Street _____

City _____

Telephone Number: Home: _____ Work: _____ Cell: _____

Telephone service: _____

Email Address: _____

Previous Address (If Above Address is Less Than 5 Years)

Street _____

City _____ State & Zip _____

Street _____

City _____ State & Zip _____

In Case of Emergency, NOTIFY:

Name: _____ Relationship _____

Address _____

Home: _____ Work: _____ Cell: _____

Present Employer:

Name: _____ Position: _____

Address: _____ How Long: _____

Previous Employer:

Name: _____ Position: _____

Address: _____ How Long: _____

Previous Fire/Emergency Service Experience (Most Recent)

Department: _____ Rank/Position: _____

Type of Department: _____ Volunteer _____ Combination _____ Paid Service Date: _____

Address: _____

Telephone: _____ Chief's Name: _____

Current Certifications (Fire Service Instructor, EMT, CPR, Other)

Type: _____ No: _____ Expires: _____

Type: _____ No: _____ Expires: _____

Education: (Check all that apply)

_____ High School Student at _____ Grade _____

_____ High School Diploma of GED from _____ Year _____

_____ If you did not graduate from high school, list highest grade level completed _____

Vehicle Operators License No: _____ **State:** _____ **Expires:** _____

Please Attach a Photo Copy of Your Vehicle Operators License
(Application Cannot Be Processed Without This Item)

Has your Operators License ever been suspended or revoked? _____ YES _____ NO

If Yes, Please Explain: _____

List all Traffic Citations for the Past 3 Years (Do Not Include Parking Violations)

Date _____

Location _____

Description _____

List all automobile accidents for the 3 years

Date _____

Location _____

Nature of Accident _____

Do you have insurance for your private vehicle? _____ YES _____ NO

Please Attach a Photo Copy of Your Proof of Insurance Card
(Application Cannot Be Processed Without This Item)

References

PLEASE LIST THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU

NAME

RELATIONSHIP TO YOU

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

NAME

RELATIONSHIP TO YOU

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

NAME

RELATIONSHIP TO YOU

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

Have you ever been convicted of a felony? _____ YES _____ NO

List Criminal Convictions for the Past 3 Years

Date

Description

PLEASE READ COMPLETELY AND SIGN

I have read and understand the "Volunteer Firefighter Position Description" at the beginning of this application packet.

I understand that membership is probationary for a period of ~~SIX~~-TWELVE MONTHS during which I must demonstrate my fitness for continued membership with the Shelby County Suburban Fire District. I further understand that I will be required to pass a medical evaluation and drug screening through the Fire District's doctor as a condition of continuing membership.

In order that the Chief or his designee may be fully informed as to my personal character and qualifications for membership, I refer to my employer, references given and any other person who may have information concerning me. I do agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that willfully withholding information or making false statements on this application will be grounds for dismissal or exclusion from consideration for membership.

Applicants should also know that their social media accounts will be viewed during the application process.

Applicant's Signature: _____ Date: _____

REQUEST FOR FELONY CONVICTION RECORD

Fire Department, Ambulance Service, Rescue Squad

Pursuant to KRS 17.167, request is made for any record of conviction of felony crime by the person identified herein. This information shall be released to:

Shelby County Suburban Fire District, P.O. Box 1027, Shelbyville, KY 40066 Attn: Chief Bobby Cowherd

Acknowledge by Applicant

I have applied for employment, or acting as a volunteer, with one of the following organization: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and KSP Employee's from any claim for damage arising from the dissemination of inaccurate information.

Applicant Information:

NAME:

LAST FIRST MIDDLE MAIDEN

SEX _____ RACE _____ Date of Birth _____ Soc. Sec. # _____

Scars, Marks, Amputations _____

Signature Date

Witness Date

Instructions:

Requesting Agency should ensure that all application information is completed.

Return Form To: KENTUCKY STATE POLICE
RECORDS SECTION
1250 LOUISVILLE ROAD
FRANKFORT, KY 40601

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (check or money order).

Fees are paid to the order of the KENTUCKY STATE TREASURER, by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Date

Company

E-mail address

Requestor/Contact Person

Telephone Number

Address

Please denote which purpose applies to this request:

Employment

Criminal Investigation

Screening Housing Applicants

Volunteer/Care over Juvenile

Licensing

Other (please explain) _____

City, State, Zip