



Anderson County Fire Department

Volunteer Firefighter Membership Application

FIRE – RESCUE – LIFE SAFETY

Applicant Name: _____

Station Applying For: _____

Date: _____

___ Check Here if you have ever lived out of state.

(if checked yes, please list which states and for how long.)

----- Recruiting Officer Use Only -----

Application Status Form Completed: _____

Background Check Submitted: _____

Applicant Accepted: _____

Applicant Denied: _____

Jr FF: _____

FF: _____

Auxiliary: _____

PRIDE – ATTITUDE – INTEGRITY – EFFORT

COMPLETE ENTIRE APPLICATION FOR CONSIDERATION

Please print legibly.

Name: _____ SS#: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Email: _____

Please be sure that you have access to the email given for training purposes.

Do you live in the fire district that you are applying for? Yes ___ No ___

If checked No, Explanation required:

Be advised the application committee will check this application, do you give your full consent?
Yes ___ No ___

Are you willing to participate in the required amount of training per OSHA and the Anderson County Fire Protection Commission?
Yes ___ No ___

Are you willing to obey the chain of command and instructions given to you by Authorized Officers and County Fire Officials?
Yes ___ No ___

Do you realize that the fire department is not a social club and that as a member you will be required to give freely of your time to attend fires, meetings, training, etc.? Yes ___ No ___

I understand that only OSHA approved personal protective equipment shall be worn for all fire fighting and training. I also acknowledge that I have read the "Rules and Regulations" set forth by the Anderson County Fire Protection Commission and the Station in which I am applying to. I will also fully comply with said rules and regulations.

Applicant Signature

Date

Parent Signature (if under 18)

Date

Please List 3 References that are **NOT** within the Fire Department applied for.

Name: _____ Phone #: _____ - _____ - _____ Relationship: _____

Name: _____ Phone #: _____ - _____ - _____ Relationship: _____

Name: _____ Phone #: _____ - _____ - _____ Relationship: _____



South Carolina Firefighter Registration Act

(Request for Criminal Review)

Have you ever been Arrested for any crime? Yes ___ No ___

Have you ever been Convicted for any Crime? Yes ___ No ___

If answered Yes on either question above, explanation required:

Add Signature Below to Consent:

I, _____ Agree to submit a criminal background check through this employer in order to participate in the Anderson County Volunteer Firefighter program.

I, _____ Understand that if I am from out of state, that I am required to submit a federal background check as well. I understand that information will be pulled from my South Carolina Firefighter registration form for purposes of conducting this mandatory background check.

Applicant Signature

Date

Pre-Employment Medical Questionnaire

Please list your **Primary Care Physician** information:

PCP Name: _____ PCP Phone #: _____ - _____ - _____

PCP Address: _____ City: _____ Zip: _____

If Yes on any question below, Explanation Required:

Do you have **ANY** health issues that you are aware of? Yes ___ No ___

Have you been admitted to the hospital or had any surgeries in the last year? Yes ___ No ___

Do you have any physical limitations that would limit you from your duties? Yes ___ No ___

Do you have any cardiac, respiratory, or neurological diseases or conditions? Yes ___ No ___

Have you ever been treated for High Blood Pressure? Yes ___ No ___

Are you currently on any medications? (over the counter or prescription) Yes ___ No ___

Are you currently being treated for any chronic condition of any type? Yes ___ No ___

Applicant Signature

Date

Anderson County Fire Department

Motor Vehicle record Consent Form

Has your driver's license ever been suspended?

Yes ___ No ___

If Yes, Explanation required:

I, _____ give my consent for the Anderson County Fire Department to complete a driving record background check for VFIS insurance purposes. As a part of this procedure, the Anderson County Fire Department has my permission to order Motor Vehicle Records from all states in which I currently and previously have had a valid Drivers License.

I further understand that failure to release consent for the Anderson County Fire Department to conduct a driving record background check means that I forfeit my driving privileges county wide for driving ANY fire apparatus that the county insures until I give my full consent.

Driver License #: _____ State: _____ Class: _____ Date Issued: _____

Applicant Signature

Date

Anderson County Fire Department

SC FFM Personnel Registration Form

Station: _____ FDID#: _____

Last 4 of Social Security: XX-XXX- _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone #: ____ - ____ - ____ Relationship: _____

Name: _____ Phone #: ____ - ____ - ____ Relationship: _____

Personal Information:

Allergies: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Qualifications:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> 1152 OSHA FF | <input type="checkbox"/> COBRA | <input type="checkbox"/> EMT Basic |
| <input type="checkbox"/> 1153 FF-1 | <input type="checkbox"/> ROPE OPS | <input type="checkbox"/> EMT Advance |
| <input type="checkbox"/> 1154 FF-2 | <input type="checkbox"/> SAR TECH 1 | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Pump Ops 1 | <input type="checkbox"/> SAR TECH 2 | <input type="checkbox"/> Swift Water |
| <input type="checkbox"/> Pump Ops 2 | <input type="checkbox"/> SAR TECH 3 | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Aerial Ops | <input type="checkbox"/> Trench Rescue | <input type="checkbox"/> Vehicle Extrication |
| <input type="checkbox"/> ICS 100 | <input type="checkbox"/> Building Collapse | <input type="checkbox"/> WMD Tech |
| <input type="checkbox"/> ICS 200 | <input type="checkbox"/> Farm Medic | <input type="checkbox"/> Fire Instructor |
| <input type="checkbox"/> ICS 300 | <input type="checkbox"/> HAZMAT Awareness | <input type="checkbox"/> Inspector 1 |
| <input type="checkbox"/> ICS 400 | <input type="checkbox"/> HAZMAT Ops | <input type="checkbox"/> Wildland FF |
| <input type="checkbox"/> ICS 700 | <input type="checkbox"/> HAZMAT Tech | <input type="checkbox"/> CPR/First Aid |
| <input type="checkbox"/> ICS 800 | <input type="checkbox"/> Fire Officer 1 | <input type="checkbox"/> EMR |
| <input type="checkbox"/> SC EVDT | <input type="checkbox"/> Fire Officer 2 | Other: _____ |

I, _____ Consent that all of the information in this application is true to the best of my knowledge and give the Anderson County Fire Department full consent to use the information in this application for employment/volunteer purposes.

Applicant Signature

Date