

# Northern Wake Fire Department Volunteer Application



Northern Wake Fire Department would like to take a moment to welcome and thank you for taking the time to apply. Your application will be put on file and considered with others for the position of Volunteer Firefighter. We will consider new applications monthly. Northern Wake Fire Department is committed to an equal opportunity policy.

Please furnish us with complete information. An incomplete application may reduce your opportunity to volunteer with Northern Wake Fire Department. You are encouraged to attach any additional information that you feel qualifies you for the position. Materials submitted in support of an application will not be returned. Please insure that you do not submit original documents.

All information provided is held in confidence by the Department

(Attach Other Pages if Necessary to Fully Respond to Questions.)

## **Personal Information**

**Please Print in Ink**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ D.O.B \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License. #: \_\_\_\_\_ DL Classification: \_\_\_\_\_

### **Notify in Case of Emergency:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone #'s: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Social Media**

What types of social media to you use? (Usernames are Optional)

\_\_\_\_ Facebook \_\_\_\_\_ Twitter \_\_\_\_\_  
\_\_\_\_ Instagram \_\_\_\_\_ Snap chat \_\_\_\_\_  
\_\_\_\_ LinkedIn \_\_\_\_\_ Other \_\_\_\_\_

**Where do you live?** (Please list where you have lived for the last 7 years)

Current Address: \_\_\_\_\_ Length of Residency: \_\_\_\_\_ Years  
(# / Street/ City / Zip)

Previous Address: \_\_\_\_\_ Length of Residency: \_\_\_\_\_ Years  
(# / Street/ City /State / Zip)

Previous Address: \_\_\_\_\_ Length of Residency: \_\_\_\_\_ Years  
(# / Street/ City / State / Zip)

Previous Address: \_\_\_\_\_ Length of Residency: \_\_\_\_\_ Years  
(# / Street/ City /State / Zip)

**Military**

Have you served in the US Armed Services? \_\_\_\_\_ Branch? \_\_\_\_\_

When did you serve? From \_\_\_\_\_ To \_\_\_\_\_

Highest Rank? \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

If other than honorable, please explain.

\_\_\_\_\_

\_\_\_\_\_

Are you in the Active Reserve or National Guard? \_\_\_\_\_ MOS? \_\_\_\_\_

**Educational Information**

Circle the appropriate answer:

Did you graduate from High School? Yes No GED? (Y/N) \_\_\_\_\_  
 If Yes, Name of School and Graduation Date \_\_\_\_\_

Did you attend a College or University? Yes No  
 If Yes, highest level completed: 13 14 15 16 Masters PhD

School College, University, Technical, Vocational	Course of Study	Dates Attended	Did you Graduate	Degree Received
Name:				
Location:				
Name:				
Location:				
Name:				
Location:				

**Firefighting Experience:**

Departments	Dates of Service	Leave in good Standing Y/N *	Phone Number
Name:			
Location:			
Name:			
Location:			
Name:			
Location:			

\*If No please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any other relevant courses that you have taken or certifications that you have received:

\_\_\_\_\_  
 \_\_\_\_\_

List any other relevant experience (Police, EMS, Military Service, First Aid, Special Operations)

\_\_\_\_\_  
 \_\_\_\_\_

Any other Comments:

\_\_\_\_\_  
 \_\_\_\_\_



**Availability**

What are your current work days and hours? \_\_\_\_\_

When are you available to participate in fire department training, respond to fire calls, and work on a duty crew?

**Driving**

To comply with our contract with Wake County, we need to know about your driving record. We will conduct a background check regarding your driving record. As a member of the Department, you must have and maintain a valid NC Driver's License.

North Carolina Driver's License Number: \_\_\_\_\_

Other State Driver's License Number if you have lived in NC less than 10 years: \_\_\_\_\_

Vehicle Information: Type of Vehicle \_\_\_\_\_

License State and Tag # \_\_\_\_\_

Name of Automobile Insurance Carrier, Address & Policy Number

Have you ever had your driver's license suspended, revoked or denied? \_\_\_\_\_ If you answered yes, please explain the circumstances.

**Legal**

To comply with our contract with Wake County, we must inquire about any criminal background and we will conduct a background check on any criminal record you may have. We are not allowed by contract to have members who have a felony conviction or a serious misdemeanor on their criminal record.

Have you ever been convicted or a crime? \_\_\_\_\_ If you answered yes, explain.

Are you currently under indictment, aware of any pending charges or have warrants outstanding against you? \_\_\_\_\_

If you answered yes, explain.

**Medical**

Are you currently under the care of a physician? \_\_\_\_\_ If you answered yes, explain.

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Are you currently on any medication? \_\_\_\_\_ If you answered yes, explain.

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Do you have any conditions that would prevent you from being able to perform firefighting duties? \_\_\_\_ If you answered yes, explain.

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Have you ever filed for or received Workmen’s Compensation or Disability? \_\_\_\_\_ If you answered yes, explain.

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Have you ever used any controlled substances other than those prescribed by a physician? \_\_\_\_ If you answered yes, explain.

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**\*\* Before you are voted on for acceptance in the Department must have a drug test administered by our provider. The Membership Committee will go over this with you during your interview. Shortly after you become a member of the Department, you will be required to undergo a firefighter's medical evaluation conducted by our provider There is no cost to you for the medical evaluation or drug test.**

**Other Information**

Prior to your visits with us, did you know any current or previous member of the Northern Wake Fire Department? If so, list them:

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What skills, other than fire fighting skills, do you have that may be of benefit to the Department? Examples are trade skills or computer skills.

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May we conduct a background check on you as to your character and qualifications? \_\_\_\_\_

**References**

(Note - Do not list relatives as references)

Name	Address (Street, City, State, Zip)	Night Phone #

Why do you want to join the Northern Wake Fire Department?

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All members are required to contribute to the following fund:

Death Benefit Fund - \$5.00 upon joining and when necessary (i.e., replenishment of the fund upon the death of a member).

Membership Dues - \$6.00 per year which is used to benefit members. Examples are buying TV's and furniture, when needed, for our day rooms, providing appropriate gifts for graduations, weddings, etc.

While on probation, a member **CANNOT**:

- Drive fire department apparatus (vehicles).
- Affix any warning (red) lights to a personal vehicle.
- Place yourself in a dangerous position at the scene of a call or in route to a call.

While on probation, a member **SHALL**:

- Read the Department's Rules, Regulations, SOG's, and Chief's Directives.
- Attend the Wake County Essentials of Firefighting School.
- Attend the required HAZMAT training for Operations Plus Level.

I understand and agree with the following statements:

No member will use alcoholic beverages on Fire Department property or in Fire Department attire in public and no member will answer a fire call under the influence of alcoholic beverages or controlled substances.

Northern Wake Fire Department does not allow the use of any tobacco products in its buildings or while riding in any of its vehicles.

Providing I am accepted into the Department as a probationary member, as soon as I am given access to the Department's web site, I will read the Rules, Regulations, and SOG's of the Department and follow them. I will also read all Chief's Directives posted at each station and follow them. Should I have questions about any Rule, Regulation, SOG or Directive, I will ask my team Captain, or District Chief.

List any comments or additional information you feel relevant:

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The information I have provided is true and accurate to the best of my knowledge. I have read all the information contained in this application and agree to abide with it.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

Note: Discovery of fraudulent information will be cause for immediate rejection of the application or dismissal if found after the fact.

### HEPATITIS B VACCINE CONSENT FORM

#### **THE DISEASE**

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in which some 250 will die each year. Most people with hepatitis B recover completely, but approximately 2% to 10 % become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. (Read handout for more information).

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B. Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it for develop antibodies. Full immunization requires three doses of vaccine over a six-month period although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons may go on to develop clinical hepatitis despite the immunization. The duration of immunity is unknown at this time.

#### **POSSIBLE VACCINE SIDE EFFECTS**

The evidence of side effects is very low. No serious effects have been reported with the vaccine. A few persons experienced tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use.

#### **IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE, PLEASE ASK.**

I have read the above statement and the handout about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and the risks of hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience and adverse side effect from the vaccine. I request that it will be given to me or the person named below of whom I am the parent or guardian.

I do \_\_\_\_\_ I do not \_\_\_\_\_ want the hepatitis B vaccine immunizations.

I understand it is my responsibility to return at the designated time to complete my series of injections and the hepatitis B anti-body screen. I am not pregnant or nursing, nor do I have any viral illness at this time.

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Signature of Applicant

Date



### **Inquiry Consent**

In connection with my application for membership in the Northern Wake Volunteer Fire Department, I understand that background inquiries can be made regarding any criminal record I may have, my driving record, my personal references, my work history and other sources of information such as social media.

The Department needs to know about your character, work habits, performance and experience, especially if you have been a member of a fire department.

I will provide any reports requested of me, such as my driving record from the NC Division of Motor Vehicles and a criminal background report from the Wake County City-County Bureau of Investigations.

I authorize, without reservation, any individual, agency, or employer contacted by the Northern Wake Fire Department to discuss or furnish the above-mentioned information. I agree that a photo-copy of the authorization may be accepted with the same authority as the original.

Name (Please Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Autopsy Consent

**North Carolina**

\_\_\_\_\_ **County**

The undersigned, applying to become 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 that death was a result of injuries sustained in the line of duty in order to secure State of North Carolina and Federal benefits provided to survivors;

Now, therefore, pursuant to applicable State and Federal statues, rules and regulations, 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 to my survivors under Local, State or Federal law.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ (Seal)

**North Carolina**

\_\_\_\_\_ **County**

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

\_\_\_\_\_ personally appeared before me, and proved to be through satisfactory evidence of identification, to be the person whose name is signed on the preceding document in my presence.

\_\_\_\_\_

**Notary Public**  
**My Commission Expires** \_\_\_\_\_

**Northern Wake Volunteer Fire Department  
Firefighter Certification**

**Medical Approval Form**

I have examined \_\_\_\_\_  
and find him / her to be physically capable of performing the duties of a firefighter.

Physician's Name: \_\_\_\_\_

Name of Medical Practice: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's ID Number: \_\_\_\_\_

**Parental Consent**

Whereas, \_\_\_\_\_ a minor age \_\_\_\_\_  
has applied to the Northern Wake Fire Department for membership.

The undersigned parents of \_\_\_\_\_  
do hereby approve and consent to his / her acceptance as a volunteer member of the Northern Wake Volunteer  
Fire Department.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Parent

**Still enrolled in High School, GED, or Equivalent?**

If you are age 18, or older, and are still enrolled and attending high school, you must obtain a letter to the Department from your high school principle. The letter should acknowledge that you are joining the Northern Wake Volunteer Fire Department and will be participating in Department activities and when allowed, enrolling in fire service related courses and training provided by Wake Technical Community College. Turn the letter in to the Department when you submit this application.

You must have a minimum of a high school diploma, a GED, or equivalent, or be enrolled and obtain a high school diploma or GED, or equivalent by the end of your fire department probationary period.

You must remain academically eligible and remain in high school.

As a high school student you are not allowed to take your fire department pagers to school.

You are not allowed to leave school to respond to a fire call.

We are not allowed to be out on a fire call past 9:00 PM on a night before school

**Vantage Point Services  
Disclosure and Release Form**

As part of the application process for membership at the **Northern Wake Volunteer Fire Department**, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for Vantage Point Services and/or its agents contacted by Vantage Point Services to obtain this information.

In addition, I release and discharge Vantage Point Services, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my membership at Northern Wake Volunteer Fire Department. This may include on-going, post-hire review of public records for any possible criminal offense charges. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment. Upon Request, Vantage Point Services will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: Vantage Point Services PO Box 1589 Fuquay Varina, NC 27526 or by contacting them at 1-800-792-4339.

**< Please Print >**

**Applicant's Name:** \_\_\_\_\_  
First M.I. Last

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_mm/\_\_\_\_day/\_\_\_\_yr

**Date of Birth:** \_\_\_\_mm/\_\_\_\_day/\_\_\_\_yr (this is used for only criminal and driving records retrieval.)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NC Driver's License Number:** \_\_\_\_\_

**Other State's DL Number:** \_\_\_\_\_ **State** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip **Length of Residency:** \_\_\_\_yr

**Other Address in NC:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip **Length of Residency:** \_\_\_\_yr

**Most Recent Address Out-Side of NC:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip **Length of Residency:** \_\_\_\_yr