

# Northern Wake Fire Department Volunteer Application



The 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 respond to you regarding your submitted application.

**Basic Requirements:** Be age 18 years or older; have a High School Diploma or GED; have a valid Driver's License; live no further than 20 road-miles from our closest fire station.

Read the application carefully. You must submit complete information. Incomplete applications will not be considered. You are encouraged to attach any additional information that you feel qualifies you for the position. Resumes are appreciated. 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.)

**>>>If you complete by hand, please print legibly in black ink. Remember that we must be able to read your application!<<<**

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## **Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: Day: \_\_\_\_\_ Night: \_\_\_\_\_  
Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you have a valid Driver's License? Yes \_\_\_\_ No \_\_\_\_

## **Social Media:**

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

Face Book: \_\_\_\_\_ X (Twitter) : \_\_\_\_\_  
Instagram: \_\_\_\_\_ Snap Chat: \_\_\_\_\_  
Linked In: \_\_\_\_\_ Other: \_\_\_\_\_

**Where do you live?** (Provide a list of 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? \_\_\_\_\_ MOS? \_\_\_\_\_

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

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

If other than an honorable discharge, please explain.

\_\_\_\_\_

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

**>>>If you are a Veteran, include a copy of your DD-214 with your application for membership.<<<**

**Educational Information:**

Did you graduate from High School? Yes \_\_\_\_\_ No \_\_\_\_\_ GED? (Y/N) \_\_\_\_\_

*>>>You will be required to provide a copy of your high school diploma or GED at a later time.<<<*

If Yes, Name of School, Location and Graduation Date:

\_\_\_\_\_

Did you attend a College or University? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, highest level completed: 13 14 15 16 Masters PhD

<u>Institutions &amp; Location</u>	<u>When Did You Attend</u>	<u>Major</u>	<u>Degree Awarded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment (Last Seven Years):**

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Full-Time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Number of hours a week? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Your Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
When did this employment begin?: \_\_\_\_\_  
Who is your supervisor and their title? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Full-Time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Number of hours a week? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Your Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
When did this employment begin?: \_\_\_\_\_ When did it end? \_\_\_\_\_  
Who was your supervisor and their title? \_\_\_\_\_  
Why did you leave this employment? \_\_\_\_\_

Next Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Full-Time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Number of hours a week? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Your Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
When did this employment begin?: \_\_\_\_\_ When did it end? \_\_\_\_\_  
Who was your supervisor and their title? \_\_\_\_\_  
Why did you leave this employment? \_\_\_\_\_

Next Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Full-Time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Number of hours a week? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Your Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
When did this employment begin?: \_\_\_\_\_ When did it end? \_\_\_\_\_  
Who was your supervisor and their title? \_\_\_\_\_  
Why did you leave this employment? \_\_\_\_\_

**Do you have Volunteer Fire Fighting or EMS Experience?** Yes \_\_\_\_\_ No \_\_\_\_\_

**1. Department and Location:** \_\_\_\_\_

Dates of Membership: From \_\_\_\_\_ To \_\_\_\_\_

What were your duties? \_\_\_\_\_

Did you leave in good standing? Yes \_\_\_\_\_ If not, explain why \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**2. Department and Location:** \_\_\_\_\_

Dates of Membership: From \_\_\_\_\_ To \_\_\_\_\_

What were your duties? \_\_\_\_\_

Did you leave in good standing? Yes \_\_\_\_\_ If not, explain why \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**3. Department and Location:** \_\_\_\_\_

Dates of Membership: From \_\_\_\_\_ To \_\_\_\_\_

What were your duties? \_\_\_\_\_

Did you leave in good standing? Yes \_\_\_\_\_ If not, explain why \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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List any relevant courses that you have taken and any certifications you have received: \_\_\_\_\_

\_\_\_\_\_  
List any other relevant experience you have had (Law Enforcement, Military Service, Rescue Squad, First Aid Responder, etc): \_\_\_\_\_

**Availability:**

What are your current workdays and hours? \_\_\_\_\_

When are you available to participate in fire department training, respond to 911 calls and work on a duty crew?

\_\_\_\_\_

**Driving:**

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

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

Have you ever been convicted of a crime? \_\_\_\_\_ If you answered yes, please explain the circumstances.

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

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

\_\_\_\_\_

If you answered yes, please explain the circumstances. \_\_\_\_\_

\_\_\_\_\_

**Physical Requirements:**

Read the Firefighter Trainee Essential Functions Document at the end of this application.

**Drug Screening:**

After you are voted on and become a probationary member of the Department you must have a drug screening administered by our provider at no cost to you. You will be given a referral with your New Member Packet.

**Medical Evaluation:**

Shortly after you become a probationary member of the Department you will be required to undergo a firefighter medical evaluation conducted by our provider. There is no cost to you. The evaluation will determine if you are medically able to serve as a firefighter. Thereafter, you will be required to undergo a medical evaluation yearly at no cost to you.

**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. \_\_\_\_\_

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

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

May we conduct a background check on you as to your character and qualifications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you respond yes, complete and sign the **Inquiry Consent** on page 8 of this application.

**References (Current or former employer, co-workers, friends, teachers, etc):** (Note - Do Not use any relatives as your references) Provide at least 3 references.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address and Organization: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

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2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address and Organization: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

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3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address and Organization: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

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

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**Information About Membership:**

All members are asked to contribute \$10 in January each year to the Firefighter Fund. The fund is used for things not covered in our fire property tax funded budget. Examples are buying TVs and furniture, when needed, for our day rooms, providing appropriate gifts / remembrances for college graduations, weddings, birth of a child, serious illness or death of a family member and an assistance payment to the family of an active firefighter and qualified retired firefighters in the event of their death.

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 complete**:

- Read the Department’s SOPs and Chief’s Directives.
- Northern Wake Infectious Disease Control
- NIMS ICS 100/200/700/800
- Wake County Essentials of Firefighting
- Northern Wake Respiratory Protection
- Northern Wake Hazard Communications
- Hazardous Materials Operations

I understand and agree with the following statements:

- No member will use alcoholic beverages or controlled substances 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.
- The 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 SOGs of the Department and follow them. I will also read all Chief’s Directives posted on the web site and follow them. Should I have questions about any Rule, Regulation, SOG or Directive, I will ask my team Captain, or Battalion Chief.

List any comments or additional information you feel are 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. Electronic submission of the application is considered as signed by you.

## **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 necessary information not represented in this application requested of me,

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 photocopy or electronic version of the authorization may be accepted with the same authority as the original.

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

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



# Firefighter Trainee

FLSA Status: Non-Exempt

**BRIEF DESCRIPTION:**

The purpose of this position is to receive training to obtain the basic firefighting certification for becoming a Firefighter 2. Under close supervision, a firefighter 1 may provide rapid fire suppression response to protect life and property by controlling and extinguishing fires. Persons in this position respond to emergencies and after-effects of other hazardous conditions. This position also maintains fire-fighting equipment and provides interior and exterior building maintenance.

**ESSENTIAL FUNCTIONS:**

*This information is intended to be descriptive of the key responsibilities of the position. The following examples do not identify all duties performed by any single incumbent.*

S Sedentary	L Light	M Medium	H Heavy	V Very Heavy
Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.	Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.	Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.	Exerting 50-100 lbs. occasionally, 10-25 lbs. frequently, or up to 1020 lbs. constantly.	Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

#	Code	Essential Functions
1	V	Under close supervision responds to fire and emergency calls by completing fire suppression activities for residential and commercial structures, vehicles, rubbish and grass areas, operating apparatus, removing hazards from emergency scenes, rescuing persons from fire and emergency scenes, utilizing fire extinguishing and extraction equipment to suppress fires and documenting actions when appropriate.
2	V	Under close supervision and if certified, provides basic emergency medical services by responding to emergency site, assessing the medical needs of patients, determining best immediate basic treatment, administering life support, utilizing trained medical skills, operating life-saving equipment, lifting and moving patients and extricating patients as necessary, assisting patients to emergency centers, completing medical reports, stocking medical supplies and documenting all services provided.
3	L	Receives training to certifications by participating in education related to medical, firefighting, driving and computer skills and completing appropriate paperwork for training received.
4	M	Maintains fire-fighting equipment and fire station property by performing preventative maintenance on equipment and machinery, ensuring apparatus is operating properly and safely, determining if problematic or faulty parts exist, replacing faulty parts.
5	M	Maintains fire station property by performing interior and exterior building maintenance such as mowing lawn, assisting with fire station cleaning activities and documenting maintenance actions when appropriate.

**JOB REQUIREMENTS:**

<b>JOB REQUIREMENTS</b>	
Formal Education / Knowledge	Work requires knowledge necessary to understand basic operational, technical, or office processes. GED or high school diploma required.
Experience	No experience required.
Certification and Other Requirements	None.
Reading	Basic - Ability to recognize meaning of common two- or three-syllable words. Ordinarily, such education is obtained in elementary school up to high school. However, it may be obtained from experience and self-study.
Math	Intermediate - Ability to deal with system of real numbers; practical application of fractions, percentages, ratios/proportions and measurement. Ordinarily, such education is obtained in high school up to college. However, it may be obtained from experience and self-study.
Writing	Basic - Ability to write simple sentences containing subject, verb, and object, and/or series of numbers, names, and addresses. Ordinarily, such education is obtained in elementary school up to high school. However, it may be obtained from experience and self-study.

**OVERALL PHYSICAL STRENGTH DEMANDS:**

S Sedentary	L Light	M Medium	H Heavy	V Very Heavy
Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.	Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.	Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.	Exerting 50-100 lbs. occasionally, 10-25 lbs. frequently, or up to 1020 lbs. constantly.	Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

**PHYSICAL DEMANDS:**

C = Continuously 2/3 or more of the time.	F = Frequently From 1/3 to 2/3 of the time.	O = Occasionally Up to 1/3 of the time.	R=Rarely Less than 1 hour per week	N = Never Never occurs.
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*This is a description of the way this job is currently performed; it does not address the potential for accommodation.*

PHYSICAL DEMANDS	FREQUENCY	DESCRIPTION
Standing	F	On ladders and in various hazardous environments
Sitting	O	Utilizing the computer for medical report writing
Walking	F	Around fire and emergency scenes
Lifting	F	Supplies, equipment and loading and unloading patients from ambulance
Carrying	F	Supplies, equipment and patients when necessary
Pushing/Pulling	F	Fire and emergency equipment
Reaching	F	For files, supplies and equipment
Handling	F	Medications, supplies, equipment and other materials
Fine Dexterity	F	For intravenous medical activities, operating equipment, writing and typing
Kneeling	F	During patient care activities and equipment operations
Crouching	F	Completing fire suppression and medical activities
Crawling	F	Completing fire suppression and equipment maintenance
Bending	F	Completing fire suppression and medical activities
Twisting	F	Completing fire suppression and medical activities
Climbing	O	Ladders during fire suppression activities
Balancing	F	On ladder and with fire hoses during fire suppression activities
Vision	C	During fire suppression and medical activities
Hearing	C	Responding to fire and emergency calls
Talking	C	Communicating with patients, firefighters and other City employees
Foot Controls	F	Operating apparatus
Other (Specify)		

**MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS:**

Apparatus, tools, medical equipment, flashlights, fire hose, hammer, extinguisher, camera, generators, ladders, radio, oxygen, medication, saws, axes, printers, computer and related software

**ENVIRONMENTAL FACTORS:**

D=Daily	W=Several Times Per Week	M=Several Times Per Month	S=Seasonally	N=Never
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HEALTH AND SAFETY				PRIMARY WORK LOCATION
Mechanical Hazards	D	Respiratory Hazards	D	Office Environment
Chemical Hazards	D	Extreme Temperatures	D	Warehouse
Electrical Hazards	D	Noise and Vibration	D	Shop
Fire Hazards	D	Wetness/Humidity	D	Vehicle
Explosives	D	Physical Hazards	D	Outdoors
Communicable Diseases	D			Other (see 2 below) X
Physical Danger or Abuse	D			
Other (see 1 below)				

(1) N/A

(2) Outdoors and Fire Station

**PROTECTIVE EQUIPMENT REQUIRED:**

Bunker gear, helmets, self-contained breathing apparatus, bio hazard protection, gloves, fire boots, ladder belt, safety glasses and hearing protection

**NON-PHYSICAL DEMANDS:**

C=Continuously 2/3 or more of the time	F=Frequently From 1/3 to 2/3 of the time	O=Occasionally Up to 1/3 of the time	R=Rarely Less than 1 hour per week	N=Never Never occurs
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NON-PHYSICAL DEMANDS	
Time Pressure	F
Emergency Situation	F
Frequent Change of Tasks	F
Irregular Work Schedule/Overtime	O
Performing Multiple Tasks Simultaneously	F
Working Closely with Others as Part of a Team	F
Tedious or Exacting Work	F
Noisy/Distracting Environment	F
Other (see 3 below)	F

(3) N/A

The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of personnel so classified in this position. This job description is subject to change as the needs and requirements of the job change.