

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; and 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 ensure that you do not submit original documents. All information provided is held in confidence by the Department. Applications submitted electronically are considered as signed by you.

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

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

Personal Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City & State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date Of Birth _____

Driver's License: _____ State: _____ DL Classification: _____

Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: Day: _____ Night: _____

Work: _____ Cell: _____

Address: _____ City & Stat: _____ Zip: _____

Social Media

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

____ Facebook _____ Twitter _____

____ Instagram _____ Snap chat _____

____ LinkedIn _____ Other _____

8/2023

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? _____ 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>Institution</u>	<u>When Did You Attend</u>	<u>Major</u>	<u>Degree Awarded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment (Last Seven Years) Do Not Omit Any Employment

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? _____

Attach additional sheets if necessary.

Do you have Volunteer or Career 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: _____

=====

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: _____

=====

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: _____

=====

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

Last Name of Applicant: _____ P 5

What are your current workdays 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 after you complete your probationary period.

North Carolina Driver's License Number: _____

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

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

Legal

To comply with NC State Statutes and 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 of 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.

Physical Requirements

Read the attached Firefighter Trainee Essential Functions Document.

Drug Screening

Before you are voted on for acceptance in the Department you must have a drug screening administered by our provider at no cost to you. The Membership Committee will review this with you during your interview. We will give you a referral to present to the provider.

Medical Evaluation

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. The evaluation will determine if you are medical able to serve as a firefighter.

Other Information

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

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.

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

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

1. Name: _____ Phone: _____

Address and Organization: _____

How do you know this individual? _____

How long have you known this individual? _____

=====

2. Name: _____ Phone: _____

Address and Organization: _____

How do you know this individual? _____

How long have you known this individual? _____

=====

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?

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 the following**:

- 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.
- 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 relevant:

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 or significant omission of requested information can be cause for immediate rejection of the application or dismissal if found after the fact. Electronic submission of this application is considered as signed by you.

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.

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 or driving record from another state and a criminal background report from the Wake County City-County Bureau of Investigations or other state.

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): _____

Signature: _____ Date: _____

**Autopsy Consent -
--Must Be Notarized! --
Can Be Completed & Notarized at Your Interview**

(Completion of this Consent is not required, but is encouraged.)

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 statutes, 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.

_____ (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 _____

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:

JOB REQUIREMENTS	
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.

