

Lone Hickory Volunteer Fire Department, Inc.

*3200 Lone Hickory Road
Hickoryville, NC 27055*

Prospective Volunteer Member,

Let me start by saying thank you for showing an interest in joining our team at Lone Hickory Volunteer Fire Department, Inc. Our department is a primarily volunteer department operated primarily from public tax funds and donations from our citizens. The Board of Directors and I must make sure we are good stewards of those funds and must strive to protect our department. That's why you have been given this application package. We need you to fill out all of the information contained within this packet as it pertains to you, COMPLETELY. Any incorrect OMISSION of information on any document will disallow you from further consideration as a team member.

We need volunteers that are capable of listening, obeying direct orders at all times and following directives given around the station. Please take the time to complete all forms and documents contained within the packet. If the package is not filled out in its entirety, it will not be taken for acceptance and processing.

Once the package is completed, please return it to the Fire Chief of Department Officer. You **must** use **black ink** when filling in information within the package and all written responses must be legible.

Thank you again for taking the time to complete the application package. Working as a firefighter is a very rewarding and worthwhile contribution to our community. If you become a part of the brotherhood, you will recognize something that many others cannot imagine.

Sincerely,

Robert Williams

Robert Williams

Fire Chief

Lone Hickory Volunteer Fire Department, Inc.

Lone Hickory Fire Department, Inc.

VOLUNTEER MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
SSN:	Are you under 18?	Yes or No
Home Phone:	Cell Phone:	
Current Address:		
City:	State:	Zip Code:
How long have you lived at the above address?		
How long have you lived in NC?		
Are you a citizen of the United States? Yes or No		

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:	How long?	
Phone:	Fax:	

PAST ADDRESSES

List all past addresses

Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?

REFERENCES

List (4) References

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

DRIVERS LICENSE INFORMATION

All information must come from your valid license

Address:		
Class:	Endorsements:	
Issued Date:	Date expires:	
Driver's License number:	State issued by:	

EDUCATION	
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High School:	Did you graduate? Yes or No
Address:	
Associate's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Bachelor's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Master's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Doctorate Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	

EMERGENCY CERTIFICATIONS	
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List all IFSAC & Pro-Board Certifications (use additional space if necessary)

Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:

BACKGROUND	
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Have you ever been convicted of a misdemeanor?	Yes or No
If yes, explain:	
If yes, how many?	
If yes, what state was it in:	
Have you ever been convicted of a felony?	Yes or No
If yes, explain:	
If yes, how many?	
If yes, what state was it in:	

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

EMERGENCY CONTACT

Name of person to contact:		
Address:	Phone:	
City:	State:	Zip Code:
Relationship:		

FIRE DEPARTMENT HISTORY
If you have ever been with another fire department or rescue squad, please provide the following information

Name of Department:		
Address:	Phone:	
Positions Held:		
Reason for Leaving:		
Were you terminated:	Yes or No	Did you resign: Yes or No
Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules, or other inappropriate conditions: Yes or No		
If yes, please explain:		

IMPORTANT INFORMATION

This department is an equal opportunity department. As such, we provide all opportunities without regards to race, color, religion, national origin, age, disability, veteran status, military service, or other characteristics protected by law.

I certify that the information provided on this application form along with all other information I have provided to the department, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not being considered for employment or for terminating my employment once accepted.

I understand that the department will undertake, and I authorize the department to undertake, any investigation it deems necessary in considering me for employment. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the department any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the department and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.

Lone Hickory Volunteer Fire Department, Inc.

3200 Lone Hickory Road
Yadkinville, NC 27055

Junior Firefighter Release Form

This document is a hold harmless agreement between persons requesting that their child join the Junior Firefighter Program at Lone Hickory Volunteer Fire Department, Inc. (Applicant) and Lone Hickory Volunteer Fire Department, Inc. (Department). It is intended to release DEPARTMENT employees, volunteers, management, board of directors of result of any injury to their child related to participating in the Junior Firefighter Program.

IT IS NOT INTENDED TO HOLD HARMLESS ANY PERSON CAUSING INJURY WHO MAY BE FOUND CRIMINALLY NEGLIGENT.

I _____ (Applicant's Parent or Legal Guardian) do hereby release DEPARTMENT employees, volunteers, management, board of directors, citizens of the fire district and all of their families, heirs and assignees from any liability as a result of any injury related to participating in the Junior Firefighter Program. I _____ (Applicants Parent or Legal Guardian) am at least 18 years of age and the parent or legal guardian of _____ (Applicant).

Applicant (Print Name)

Date of Birth

Applicant Signature

Date

I understand firefighting is a very physically demanding and dangerous job. A high risk of injury or death is common due to exertion and the dangerous conditions found on emergency scenes. Firefighters wear heavy protective gear and the act of performing emergency operations requires complex strategy and physical endurance. Firefighters may find themselves coming into contact with high heat environments and dangerous materials such as poisons and chemicals, potential explosive gases and radioactive substances. I further understand that my Sons or Daughters membership will demand a significant time commitment necessary to attend drills, meetings, and training and fund raisers.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date

Lone Hickory Volunteer Fire Department, Inc.

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Confidentiality and Dissemination of Patient Information Agreement

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Lone Hickory Volunteer Fire Department, Inc. prohibits the release of any patient information to anyone outside the organization and discussions of protected health information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to peer review, internal audits, or quality assurance. I understand that Lone Hickory Volunteer Fire Department, Inc. provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Lone Hickory Volunteer Fire Department, Inc. patients. I understand that it is necessary, in the rendering of Lone Hickory Volunteer Fire Department, Inc. services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure for treatment and health care operations.

I agree that I will comply with all confidentiality policies set in place by Lone Hickory Volunteer Fire Department, Inc. during my entire employment/membership with Lone Hickory Volunteer Fire Department, Inc. If I, at any time, knowingly or inadvertently breach the patient confidentiality policy, I agree to notify the Fire Chief of Lone Hickory Volunteer Fire Department, Inc. immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my membership at Lone Hickory Volunteer Fire Department, Inc. Upon termination of my membership for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by Lone Hickory Volunteer Fire Department, Inc. I agree to all conditions of my membership set forth in this agreement. This is not a contract of membership and does not alter the At-Will nature of the membership relationship between Lone Hickory Volunteer Fire Department, Inc. and myself.

Print Name

Signature

Date

Lone Hickory Volunteer Fire Department, Inc.

*3200 Lone Hickory Road
Wadkinville, NC 27055*

Drug / Alcohol Consent & Release Form

WARNING! PLEASE READ CAREFULLY. THIS FORM CONTAINS A CONSENT TO DRUG/ALCOHOL TESTING AND A RELEASE OF CLAIMS!

I understand that drug and/or alcohol testing is a condition of my volunteer membership, or, if currently a volunteer member of the department, my continued membership. I consent to the collection of urine, blood, hair, or other specimens for the purpose of drug and/or alcohol testing, the analysis of the collected samples, the disclosure of the test results to the department and/or its designees, and the use of such results for purposes related to my application for membership or continued membership with the department. I release the department, Management Solutions for Emergency Services LLC, Background Investigation Bureau, LLC., the collection agency, and the testing laboratory and their membership and agents from all claims associated with the collection and analysis of the specimens and the use or disclosure of the test results and other information related to the testing.

I understand that nothing in this document constitutes a guarantee or offer of employment/membership or continued employment/membership, or alters in any way the at-will nature of any membership with the department that allows either me or the department to terminate the relationship at any time for any or no reason.

Member/Applicant (Print Name)

Date

Member/Applicant (Signature)

If the member is under the age of 18 the member's guardian must also sign.

Member's Guardian

Date

Note to Guardian: North Carolina law prohibits an department from releasing results of any drug test without the approval of the minor applicant or minor member. If you would like to receive a result, the minor applicant or minor member must submit a written consent asking for you to receive the results.

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Volunteer Handbook

DISCLAIMER & ACKNOWLEDGEMENT

IMPORTANT NOTICE
DISCLAIMER & ACKNOWLEDGEMENT

I KNOW AND UNDERSTAND THAT I AM ASSOCIATED WITH THE LONE HICKORY VOLUNTEER FIRE DEPARTMENT SOLELY AS A VOLUNTEER. I AM NOT AN EMPLOYEE, AND AS SUCH, I AM NOT REQUIRED TO RESPOND TO ANY EMERGENCY CALL, TO BE AT THE STATION AT ANY HOURS NOT OF MY OWN CHOOSING, TO ENGAGE IN OR FULFILL FURTHER TRAINING BEYOND THAT WHICH IS REQUIRED OF ALL VOLUNTEER FIREFIGHTERS IN THIS STATE, OR TO UNDERTAKE ANY WORK OR TASK ASSIGNED TO ME. I UNDERSTAND THAT I AM NOT PAID FOR THE SERVICES I MAY VOLUNTARILY CHOOSE TO PERFORM AND I HAVE NO EXPECTATION OF RECEIVING COMPENSATION FOR MY HELP AS A FIREFIGHTER VOLUNTEER, SHOULD I CHOOSE TO HELP.

IT IS MY RESPONSIBILITY TO READ AND COMPLY WITH THE ENTIRE VOLUNTEER HANDBOOK AND ANY REVISIONS MADE TO IT. I UNDERSTAND THAT I HAVE THE OPPORTUNITY NOW OR IN THE FUTURE TO ASK THE FIRE CHIEF CONCERNING ANY QUESTIONS REGARDING THE MEANING OR APPLICATION OF ANY PART OF THIS VOLUNTEER HANDBOOK. I AGREE TO OBSERVE AND SUPPORT THE POLICIES, PROCEDURES, GUIDELINES, AND ALL OTHER PROVISIONS IN THE VOLUNTEER HANDBOOK AND UNDERSTAND THAT VIOLATING THESE POLICIES, PROCEDURES, GUIDELINES, AND OTHER PROVISIONS MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MY VOLUNTEER MEMBERSHIP. I UNDERSTAND THAT THE LONE HICKORY VOLUNTEER FIRE DEPARTMENT HANDBOOK FOR VOLUNTEERS WILL BE REVIEWED PERIODICALLY, AND THAT THE FIRE DEPARTMENT RESERVES THE RIGHT TO ALTER, AMEND, MODIFY, OR TERMINATE ANY BENEFITS OR PROVISIONS CONTAINED IN THE VOLUNTEER HANDBOOK AT ANY TIME IT CHOOSES.

Signature: _____

Printed Name: _____ Date: _____

Lone Hickory Volunteer Fire Department, Inc.

3200 Lone Hickory Road
Madkinville, NC 27055

Release Authorization Form

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

Lone Hickory Volunteer Fire Department, Inc. ("The Department") may obtain information about you from a consumer reporting agency for employment or volunteering purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment or volunteering. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants for employment or volunteering is an investigation into your education and/or employment or volunteering history conducted by Background Information Bureau, ("BIB") who may be reached at by phone at (877) 439-3900. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing the Department to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment or volunteering to the extent permitted by law.

AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment or volunteering. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer, supervisor or officer, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Employer, and/or Employer itself.

I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

***** PLEASE PRINT CLEARLY *****

Name (First) _____ (Middle) _____ (Last) _____

List any other name used in the last 7 years (Maiden name) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License # _____ State _____

Email: _____

Gender: Male or Female Race: _____ Phone (_____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____
Month / Day / Year

Applicants Signature _____ Date _____

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*3200 Lone Hickory Road
Wadkinville, NC 27055*

Records Release Form

THIS DOCUMENT IS A HOLD HARMLESS AGREEMENT BETWEEN A PROSPECTIVE VOLUNTEER MEMBER (APPLICANT) OF LONE HICKORY VOLUNTEER FIRE DEPARTMENT, INC. AND LONE HICKORY VOLUNTEER FIRE DEPARTMENT, INC. (DEPARTMENT). IT IS INTENDED TO RELEASE DEPARTMENT, BANKS, CREDIT INFORMATION PROVIDERS, FORMER EMPLOYERS, MEDICAL PROVIDERS, POLICE DEPARTMENTS, SHERIFF'S OFFICES, STATE LAW ENFORCEMENT AGENCIES, CURRENT AND FORMER LANDLORDS (AGENCIES) AND OTHER RECORD HOLDERS FROM ANY LIABILITY RELATED TO THE RELEASE OF RECORDS, AND GIVES PERMISSION OF SAME TO RELEASE RECORDS TO DEPARTMENT PERTAINING TO THE APPLICANT.

I _____ (print name) do hereby release all agencies and other record holders from any liability related to the release of records pertaining to my history with Agencies or other record holders who receive request for records from DEPARTMENT. Furthermore, I grant permission to said agencies and other record holders to release records requested by DEPARTMENT for the purposes of volunteer membership.

Applicant (print name)

Applicant's Signature

Date

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North Carolina Firemen's and Rescue Squad Worker's Pension Fund

The New Hope Fire Department, Inc. has provided me a policy explaining my benefits provided by the North Carolina Firemen's and Rescue Squad Worker's Pension Fund. The information document provided by the North Carolina Department of State Treasurer is located online and the directions to how to get to it are located in the "Member Benefits" section of the Volunteer Member Handbook.

By signing below, I acknowledge that I have read and understand the fire department policy and acknowledge that I know where to find the North Carolina Department of State Treasurer document explaining my pension benefits within the Volunteer Member Handbook.

Member or Department Contribution

At this time, the NCGS 58-86-35 shows that each firefighter shall contribute \$10 per month into the Pension Fund, if they want to be a part of the retirement system. Nowhere in the General Statute does it require that the fire department pay any portion of the monthly contribution. Lone Hickory Volunteer Fire Department will pay the entire member's contribution amount annually after the member pays for the first (1st) years dues. .

The department will submit all contributions by January 31st of each year to the State of North Carolina.

By signing below, I acknowledge that I understand the "Pension Fund" requirements and that I may ask the Fire Chief questions regarding my participation.

Print Name

Signature

Date

Lone Hickory Volunteer Fire Department, Inc.

3200 Lone Hickory Road
Yadkinville, NC 27055

Hepatitis B Vaccine Declination Form

I certify with my signature on this waiver that I have read and understand the following:

Due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine, at no charge to myself, before occupational exposure to the Hepatitis B Virus. Despite the warnings in this waiver and in full knowledge that I may be vaccinated at *NO COST*. I decline the Hepatitis B Vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B Virus. I have declined the Hepatitis B Vaccine with full knowledge that the Hepatitis Virus is a serious and possibly deadly disease.

By signing this waiver I hold Lone Hickory Volunteer Fire Department, all its agents, principals, officers, assigns, any parent company and the County of Yadkin, North Carolina harmless for any injury, damage, illness or disease, however serious, or death arising from my refusal to be vaccinated against the Hepatitis B Virus.

If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at *NO CHARGE* to me.

I have read and fully understood this waiver.	
Name _____ Print	_____ Signature
Date _____	

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I _____ (print name) do hereby release all agencies and other record holders from any liability related to the release of records pertaining to my history with Agencies or other record holders who receive request for records from DEPARTMENT. Furthermore, I grant permission to said agencies and other record holders to release records requested by DEPARTMENT for the purposes of volunteer membership.

Applicant (print name)

Applicant's Signature

Date

I understand that this application will be employment only and only during the period the department is seeking to fill the current opening(s), and that employment may be conditioned upon a medical examination and/or drug testing and/or criminal history check.

I understand that, if accepted, my employment will be strictly at-will. That means that my employment is for an indefinite period and that the department or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any department policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. The Fire Chief is the only person that is authorized to make any representations to the contrary.

The administration of this fire department wants you to understand that providing fire protection and being a firefighter is a very dangerous job. The fire/rescue service losses approximately 100 fire/rescue members per year protecting the citizens of the United State.

Print name:

Date:

Signature: