

VOLUNTEER APPLICATION



Equal Opportunity Statement

Applicants are not required to give any information prohibited by law. Our volunteer/employment policies are nondiscriminatory regarding age, color, sex, race, religion, national origin and disabilities for qualified applicants.

**216 Lewisville-Clemmons Road
Lewisville, NC 27023
(336)945-5983
www.lewisvillefire.com**

VOLUNTEER POSITIONS

The following are volunteer positions with the department:

Volunteer Firefighter

All applicants not N.C. Firefighter I certified will be classified as non-interior firefighters. A Non-Interior firefighter performs limited service work in fire suppression, hazardous material mitigation, and rescue, and does related work as required. Work is performed under regular supervision. Individual must execute orders of their supervisor promptly and efficiently. Applicants N.C. Firefighter I certified performs intermediate protective service work in fire suppression, hazardous material mitigation, and rescue; does related work as required. Work is performed under regular supervision. Individual must execute orders of their supervisor promptly and efficiently. No personnel will perform medical care until N.C. Emergency Medical Technician Certified.

Resident Volunteer Firefighter

The department has recently established a Resident Volunteer Firefighter program. This program is ideally suited for college students who are pursuing a career in the fire service. Our staff will assist each resident with their career goals in the fire service. The Resident Firefighter works and trains with the department during their stay. All training is provided at no charge. During their stay residents also have duty shift responsibilities to perform. In return for their services, we provide them with living accommodations.

Volunteer Junior Firefighter

Performs support functions in fire suppression, and rescue; does related work as required. Work is performed under regular supervision. Individual must execute orders of their supervisor promptly and efficiently.

Volunteer Support Person

Performs support functions for department to include but not limited to traffic control, fire and life safety education, maintenance and rehabilitation functions; does related work as required. Work is performed under regular supervision. Individual must execute orders of their supervisor promptly and efficiently.

MINIMUM SELECTION STANDARDS FOR FIREFIGHTER / SUPPORT PERSONNEL

- At least 18 years of age
- High School Graduate/or GED
- United States citizenship.
- Possess a valid driver's license.
- Pass Lewisville Physical Ability Test (LPAT), criminal background check, NFPA 1582 physical and drug screening
- Safe driving record

MINIMUM SELECTION STANDARDS FOR JUNIOR FIREFIGHTER

- 16-18 years of age
- Enrolled in High School with an overall grade of "C" or better.
- United States citizenship.
- Pass criminal background check
- Safe driving record (If applicant has driver's license).

APPLICATION DIRECTIONS

Please fill out this form electronically. Failure to provide all information requested may disqualify you from the application process. If you have any questions, please call the Lewisville Fire Department administration @ 336-945-5983. **Applicant must obtain and turn in the following documents with this application.**

- If applicable, copies of fire service related certifications, military record, High School Diploma or GED.
- Signed Authorization for Background Check, Pre-Employment Drug Testing and Disclosure and Authorization for a Driver's License Records Check (MVR)

PROBATIONARY PERIOD / RECRUIT TRAINING

Firefighter / Resident Firefighter

Successful firefighter candidates, who are not N.C. Firefighter certified, must attend and complete the N.C. Firefighter certification classes during the recruit training period (1 Year for non-certified personnel.)

Candidates who are N.C. Firefighter certified must attend recruit training at the department and have six months from their start date to complete the training.

TRAINING REQUIREMENTS

No previous training or experience is necessary. All training required of department personnel is provided and paid for by the Lewisville Volunteer Fire Department Inc. All personnel are required to complete a minimum number of training hours annually. The training hours are based on the individuals' position with the department.

DUTY REQUIREMENTS

Firefighter

All Firefighter personnel, except Resident Firefighter, are required to perform 12 hours of duty time each month. Personnel will be expected to begin performing duty time after the completion of recruit training.

Resident Firefighter

All resident firefighters are required to perform twelve hour night duty shifts. The night shift hours are 1700-0700.

BENEFITS

- Accident/Sickness Disability Insurance
- Wellness Program
- On-duty Workman's Compensation Insurance
- N.C. Firemen's and Rescue Squad Workers Pension Fund
- Forsyth County Fire and Rescue Association Benevolent Brotherhood Fund
- N.C. State Firemen's Association Member
- N.C. State Rescue Association Member
- Piedmont Firemen's Association Member
- Annual Physical
- Flu Vaccine (if available)
- N.C. State Tax Deduction for Volunteer Firefighters

Note: Some benefits are not made available until completion of the recruit training.

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize Lewisville Volunteer Fire Department Inc. to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, criminal record, driving record and release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

Applicants Name: _____
(Please Print)

Applicants Signature: _____

Date Signed: _____

NOTICE TO APPLICANTS REGARDING PREEMPLOYMENT DRUG TESTING

Any individual applying for a volunteer position with the Lewisville Volunteer Fire Department Inc. will be required to submit to a urinalysis drug test as a mandatory part of the application process. This notice serves as a written statement of the department's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the department, in accordance with the procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the department and shall not be disclosed to the employees/volunteers of the department, or any other person, other than to those persons for whom such disclosure is necessary.

Positive test results or a refusal to sign this consent form and participate in pre-employment drug testing shall be grounds for denial of a volunteer position. Arrangements for testing will be made by a representative of the department, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice, and you understand and agree that in order to be considered for a volunteer position with the Lewisville Volunteer Fire Department Inc., you will comply in full with the department's drug testing policy.

Applicants Name: _____
(Please Print)

Applicants Signature: _____

Date Signed: _____

Lewisville Fire Department
Disclosure and authorization for a driver's license records check (MVR)

Name _____
Last First MI

Address _____ City/State _____

County _____ Zip _____ Social Security # _____

Driver's License Number _____ State of Issue _____

Date of Birth _____ [Needed only to accurately retrieve records]
M/D/Y

Auto Insurance Company _____

Insurance Policy Number _____

This authorization is being given in regards to a MVR (Motor Vehicle Request for a driver's license inquiry) check and this information will be used to determine your qualifications to operate a motor vehicle while conducting official business for the Lewisville Fire Department (LFD.) All employees and volunteers are required (yearly) to submit this inquiry before operating any vehicle while on official duty for LFD. This includes any department owned, leased, rented or any personal vehicle used or operated.

PLEASE READ AND SIGN THE FOLLOWING:

I authorize the Lewisville Fire Department to conduct or hire services to conduct a MVR regarding my driver's license/history. I authorize any parties contacted to release information to my employer or its agent (e.g., a consumer reporting agency) regarding my previous driving record, licenses, certifications, medical inquiries, history and any other information. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of information. I understand that the Lewisville Fire Department and its agents cannot guarantee the accuracy of any information reported to it by third parties. I release Lewisville Fire Department and its agents from liability for damages that arise from errors or omissions in this authorized inquiry of my driving history and/or driver's license.

Any applicant who refuses to complete this form, omits material facts, or provides false information, will not be considered to operate a vehicle while with Lewisville Fire Department.

Signature _____ Date _____

APPLYING FOR:
VOL FIREFIGHTER

VOL JUNIOR FIREFIGHTER

VOL SUPPORT MEMBER

PERSONAL INFORMATION

NAME: Last		First		Middle	DATE OF BIRTH:
ADDRESS: Number & Street			CITY:	STATE:	ZIP CODE:
PREVIOUS ADDRESSES IN LAST FIVE YEARS (Use extra page if necessary – Include how long you lived at each residence)					
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL:		
PLACE OF BIRTH:	U.S. CITIZEN?	IF NOT A CITIZEN, LEGAL RESIDENT?	MAIDEN NAME :(If applicable)		
MARTIAL STATUS:	ROUTINE MEDICATIONS:	ALLERGIES:	SOCIAL SECURITY #		
PERSON TO CONTACT IN CASE OF EMERGENCY:	CONTACTS RELATIONSHIP TO YOU:	CONTACT PHONE NUMBER(S):			
EMERGENCY CONTACTS ADDRESS:					

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? If yes, month and year:	IF NOT HIGH SCHOOL GRADUATE, HIGHEST GRADE COMPLETED:	NAME/LOCATION OF HIGH SCHOOL:	GED? If yes, month & year completed:		
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)					
NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	MAJOR	DEGREE	

FIREFIGHTER / MEDICAL / RESCUE TRAINING

ENTER BELOW ALL FIREFIGHTER, EMT OR OTHER APPLICABLE FIRE/RESCUE SERVICE TRAINING (Use extra page if necessary)

CERTIFICATION	DATE RECEIVED	EXPIRATION (If applicable)	STATE IN WHICH RECEIVED	REMARKS

DRIVING RECORD

N.C. DRIVERS LICENSE # (Indicate if you hold an out of state license):	LICENSE CLASS:	RESTRICTIONS:
CURRENT # OF POINTS (If any):	HAS YOUR LICENSE EVER BEEN REVOKED? If yes, explain:	

EMPLOYMENT HISTORY

Begin with your most recent employer and work back at least five years. Use an extra page if necessary.

EMPLOYER NAME	POSITION	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

Have you ever been dismissed or forced to resign from any position? If yes, please explain:

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MILITARY EXPERIENCE

(Please include a copy of your DD214)

SERVICE NUMBER(S)	MILITARY BRANCH	RANK	DATES OF SERVICE	TYPE OF DISCHARGE

Briefly describe your military job(s) and training.

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CRIMINAL HISTORY

Have you ever been convicted, fined, placed on probation, or imprisoned since your eighteenth birthday? NO YES
 If yes, explain:

FIRE/RESCUE DEPARTMENT WORK/VOLUNTEER HISTORY

Have you ever been an applicant or held a position with Lewisville Vol. Fire Dept. or any other fire dept. or rescue squad? NO YES
 If yes, please provide information below. Use an extra page if necessary.

DEPARTMENT	ADDRESS	SUPERVISOR	DATES OF SERVICE

REFERENCES

(List three references. Do not list relatives or past supervisors)

NAME	ADDRESS	CONTACT NUMBER

SHORT ESSAY

In the space below please indicate why you wish to volunteer for Lewisville Fire Department.

APPLICANT SIGNATURE

I CERTIFY that all of the statements made in this application are true and correct to the best of my knowledge. I give Lewisville Fire Department and its agents the right to investigate all information given and to secure additional information, if necessary. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information.

I UNDERSTAND that prior to appointment I will be required to pass a drug test and may be required to pass a physical examination provided by Lewisville Fire Department.

I FURTHER understand that completion of this application does not assure me of an interview or a position and does not obligate Lewisville Fire Department to me in any way.

I REALIZE that any misleading or incorrect statement or failure to complete any part of this application not prohibited by law may render this application void and if selected for a volunteer position would be cause for immediate discharge.

 APPLICANTS SIGNATURE

 DATE OF APPLICATION