



Newberry County Emergency Services

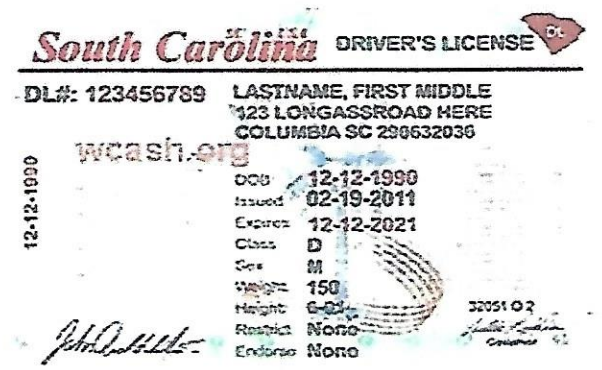


Thomas Long, Emergency Service Director
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(803) 321-2135 • Fax (803) 321-2173

August 16, 2023

Effective immediately:

All applications will need a color copy of applicants South Carolina drivers license and a color copy of their Social Security Card for all applications to be processed by Newberry County Emergency Services. If all forms are not completed in the application package the application will not be processed until completed.



Thank you,
Newberry County Emergency Services



**NEWBERRY COUNTY
EMERGENCY SERVICES
VOLUNTEER FIRE/RESCUE
APPLICATION FOR MEMBERSHIP**



Emergency Service Applying to: Fire Department Rescue Squad HazMat CERT

Station Applied to: _____ Date: _____

*Fill out entire application. Please print or type. A valid email account must be provided.
A copy of your Social Security Card and Driver's License are required with Application.*

Personal Information

Name: _____ Email: _____
Last First Middle Must provide valid email account

Street Address: _____ Apt. or Unit _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____
Home Cell Android iPhone

SS #: _____ DL#: _____
State Number Class

Military Service

Did you serve in the Military? Yes No

Branch: _____ Highest Rank: _____

Arrest/Traffic Violations

Have you ever been convicted of a Felony within the United States? Yes No
(Conviction will not necessarily disqualify applicant.)

If yes, explain: _____

Do you have any current violations/points against your driver's license? ... Yes No

Do you give your consent for an investigation of your background that will include a check of your driving record and criminal history? Yes No

Drug Policy

Do you give your consent to submit to a pre-assignment drug test? Yes No

My signature appearing below indicates my consent for a full background investigation including driving record and criminal history as well as my submission to a pre-assignment drug test:

Signature _____ Date _____

Medical/Emergency Information

Current physical condition Excellent Good Fair Poor

Current Medical Conditions: _____

In case of emergency, contact: *1) Primary; 2) Secondary*

1) Name: _____ Relationship: _____

Street Address: _____ Apt/Unit _____

City: _____ State: _____ Zip: _____

Phone: Home - _____ Work - _____ Cell/Other - _____

Medical/Emergency Information continued

2) Name: _____ Relationship: _____
 Street Address: _____ Apt/Unit _____
 City: _____ State: _____ Zip: _____
 Phone: Home - _____ Work - _____ Cell/Other - _____

Emergency Service Information

Do you or have you ever had any prior Emergency Service experience? Yes No

If yes, indicate which service: (Check all that apply)

- Fire** Rank/ Position - _____ Years - _____
- Rescue** Rank/ Position - _____ Years - _____
- EMT** Rank/ Position - _____ Years - _____

Do you hold current Fire Department Identification? Yes No

Do you hold current Rescue Squad Identification? Yes No

If any, describe any Emergency Service Training you have:

(Include Fire Training, Rescue Training, EMS Training, CPR, First Aid, etc.)

Training Type / Course Name	Expiration Date Recertification Date

List below any Emergency/Special Skills not listed above:

Indicate when you are available to respond: (Check all that apply)

- Day
- Night
- Weekend
- Holiday
- Any time

Are you permitted to leave your place of employment to answer emergency calls? Yes No

If yes, is your salary/wage affected? Yes No

Education

Please list your education information below:

	School Name	Dates Attended	Degree(s) Earned	Did you graduate?
Elementary				
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify):				Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Statement

Please read the following statement carefully. Ask for clarification if needed.

The undersigned has applied for a volunteer position with the Newberry County Fire/Rescue and hereby authorizes the Newberry County Fire/Rescue to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the Newberry County Fire/Rescue. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for membership and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if assigned.

I agree that if assigned, Newberry County Fire/Rescue or I may terminate my membership at any time with or without cause. I understand that no Fire/Rescue policy, practice, procedure, or statement by any Fire/Rescue representative shall limit or alter this At-Will membership relationship.

I have read and understand the above Statements:

Applicant's Signature: _____ **Date:** _____

Recommendation and Signatures

This applicant has been proposed by the following member:

Member's Name: _____ **Station #:** _____

Chief's Signature: _____ **Station #:** _____

* * * NOTICE * * * NOTICE * * * NOTICE * * * NOTICE * * * NOTICE * * *

Please review this application for errors and omissions.

To complete this application, a South Carolina Firefighter Registration Act form for Request for Criminal Record Review must be completed.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See specific instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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or								
Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

VOLUNTEERS

OFFICIAL NOTIFICATION OF WAGE LIMITATION

NOTICE: Under the South Carolina Workers' Compensation Law, South Carolina General Statute 42-7-65, the average weekly wage used to calculate compensable workers' compensation benefits for **volunteer firefighters, volunteer rescue squad members, volunteer deputy sheriffs (reserve officers) and volunteer coroners** is limited to thirty-seven and one-half percent (37.5%) of the average weekly wage in the State for the preceding fiscal year.

The wages for these volunteers may not be increased as a basis for any computation of benefits because of employment other than as a volunteer.

I acknowledge that I have been notified of the volunteer wage limitation which states that in the event of a work-related injury where there is lost time from work with accompanying lost wages, the wages used to calculate my average weekly wage are limited to 37% of the State average weekly wage in the preceding fiscal year. The wages earned due to my employment other than as a volunteer are not considered in the calculation of my compensation rate.

Signature

Date

Print name