



Newberry County Emergency Services

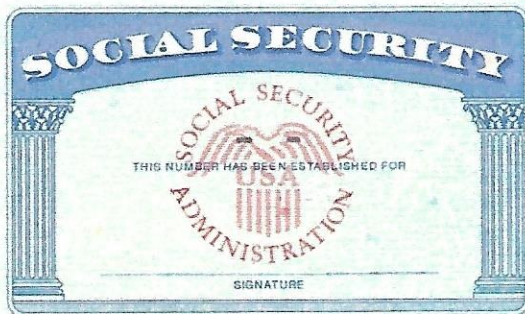
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August 16, 2023

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

For Emergencies Call 9. 1. 1



**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#: _____ Class: _____
State Number

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 ***

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.

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