

Mineral Springs Volunteer Fire & Rescue Department, Inc.

VOLUNTEER APPLICATION

APPLICANT INFORMATION

| | | | |
|---|-------------------|-----------|----|
| Name: | | | |
| SSN: | Are you under 18? | Yes | No |
| Home Phone: | Cell Phone: | | |
| Email Address: | | | |
| Current Address: | | | |
| City: | State: | Zip Code: | |
| Mailing 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 | | | |

D.013

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? |

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: | Expiration Date: | | |
| Driver's License Number: | State Issued By: | | |

| EDUCATION | |
|--|-----------------------------|
| 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 | |
| **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: |
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| Accreditation Agency: | Certificate number: |
| Certification: | |
| Accreditation Agency: | Certificate number: |
| Certification: | |
| Accreditation Agency: | Certificate number: |
| Certification: | |
| Accreditation Agency: | Certificate number: |
| BACKGROUND | |
| 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 | | | |
| Emergency Contact Name: | | | |
| 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 | | | |
| <p>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.</p> <p>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 membership or for terminating my membership once accepted.</p> <p>I understand that the department will undertake, and I authorize the department to undertake, any investigation it deems necessary in considering me for membership. 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.</p> | | | |

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

I understand that, if accepted, my membership will be strictly at-will. That means that my volunteer membership can be terminated by the department or I may terminate the membership 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, handbook, or other document shall be construed to have altered the at-will nature of my volunteer membership.

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:



Mineral Springs Volunteer Fire & Rescue Department

5804 Waxhaw Hwy, PO Box 26, Mineral Springs, NC 28108

Phone (704) 843-3189 Fax (704) 843-4319

Website: <http://mineralspringsvfd.com>

Release Authorization Form

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

Mineral Springs Volunteer Fire and Rescue 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. These reports may be obtained at any time after receipt of your authorization and, if you are hired, or allowed to volunteer with the Department, throughout your employment, or volunteer time.

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 criminal 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, or allowed to volunteer, throughout the course of your employment, or volunteering to the extent permitted by law.

CRIMINAL MONITORING

If you are allowed to volunteer, or work for this fire department as an employee, this fire department will check your name and DOB against daily updated criminal records to ensure that you have not broken the law.

By signing below, I consent to allow the fire department to place my Name and Date of Birth on such a list, and monitor my criminal activity.

NOTE: THE DEPARTMENT WILL NOT PREFORM PERSONAL CREDIT CHECKS, OR REVIEW YOUR CREDIT NUMBERS, OR REVIEW YOUR CREDIT HISTORY WITHOUT FURTHER DISCLOSURE.

Under North Carolina law, a person can refuse the allow the fire department to obtain a criminal history report; but please understand that the same law allows the fire department to terminate the person's volunteer membership, employment status, potential employment, or potential volunteer status with the fire department for the refusal.

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, information service bureau, and/or other entity to furnish any and all criminal 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.

**REMAINDER OF PAGE LEFT INTENTIONALLY BLANK
SIGNATURE PAGE TO FOLLOW**



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*** 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 _____

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

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

Fire/Rescue/EMS Department: Mineral Springs Volunteer Fire & Rescue Department

Applicants Signature _____ Date _____

VFIS[®]

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization Mineral Springs Volunteer Fire & Rescue Department, Inc. State North Carolina

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Specifying Beneficiaries

| Individual (always show relationship to the insured) | *Primary Beneficiary | **Contingent Beneficiary | Second Contingent Beneficiary |
|---|--|--|--|
| One Beneficiary | Jane Ann Jones, wife, 100% | (leave blank) | (leave blank) |
| One Primary Beneficiary and one Contingent Beneficiary | Jane Ann Jones, wife, 100% | David Lee Jones, son, 100% | (leave blank) |
| Two primary beneficiaries and one contingent beneficiary | Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50% | Marie Jones Ford, sister, 100% | (leave blank) |
| One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries | Jane Ann Jones, wife, 100% | Children born of my marriage to Jane Ann Jones, to share equally | Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50% |
| Unequal distribution (always use percentages) | Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25% | Surviving Primary Beneficiaries share equally in the portion * designated for any Beneficiary(ies) who predeceases the insured | (leave blank) |
| Insured's Estate | Executors, Administrators or Assigns of the Insured | (leave blank) | (leave blank) |

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

C01:008A



VFIS GROUP TERM LIFE FORM

Indicate one of the following:

☐ New Insured

☐ Beneficiary Change

☐ Name Change: From: _____

Complete all of the following information:

| | | | | |
|---|--|--------------------|--|--|
| Policyholder (Emergency Service Organization Name) Mineral Springs Volunteer Fire & Rescue Department, Inc. | | | Policy Number GL - 50442-692 | |
| Last Name | | First Name | MI | |
| Date of Birth | | Date of Membership | Social Security Number / / | |

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under this Plan. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

| BENEFICIARY DESIGNATION - Primary Class | Relationship to Insured | Date of Birth | Social Security Number | Percent |
|--|-------------------------|---------------|------------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| BENEFICIARY DESIGNATION - Contingent Class | Relationship to Insured | Date of Birth | Social Security Number | Percent |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____

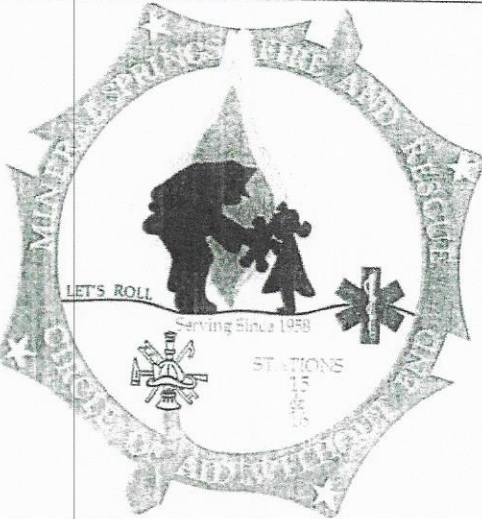
Date: _____

Sample wording for Beneficiary Designations

| Class | Relationship to Insured | Percent |
|---|---|-------------------|
| One Beneficiary of a class Jane Ann Jones | Spouse | 100% |
| Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones | Father Mother | 50% 50% |
| Unnamed Children: Children of the Named Insured | | Split Equally |
| Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones | Mother Sister Brother | 50% 25% 25% |
| Insured's Estate | Executors or Administrators of the Insured's Estate | |

BENEFICIARY/NAME CHANGE

C07:025 (Rev3/11)

| | | |
|---|---|--|
|  | Mineral Springs Fire & Rescue Union County, NC STANDARD OPERATING GUIDELINE | |
| | Subject: | Membership Requirements for Fire & Medical Personnel |
| | Reference Number: | SOG-DEP-002 |
| | Effective Date: | July 1, 2006 |
| | Last Revision Date: | October 9, 2009 |
| | Signature of Approval: | <i>Don Gaddy</i> Don Gaddy, Chief |

Purpose: The purpose of this policy is to establish a standard to become a member and maintain membership in the Mineral Springs Volunteer Fire and Rescue Department, Inc.

Background: Throughout the years the department has been in existence they have certain criteria that will permit the most responsible and safe members into the department.

Responsibility: Chief and Assistant Chiefs.

Guidelines:

1. Prior to being allowed to become a probationary member in the department the Chief and two Assistant Chiefs must approve all applicants.
 - a. Each applicant will be provided with a copy of the current Standard Operational Guidelines, a copy of the Policies and a copy of the Department Bylaws.
2. Each applicant shall be on a probationary period of 120 days.
 - a. During this probationary period each applicant must be present at 60% of all training drills and meetings.
 - b. Applicant must become familiar with the SOG's of the department.
3. After 120 days the applicant must advise the Chief of his/her desire to continue in the fire department.
4. If the applicant decides to become a member and the Chief and the two assistant chiefs agree the applicant will be an asset to the department the Chief will submit the name to the Board of Directors for approval.
5. If the Board of Directors approves the applicant for membership the Chief will advise the new member.
6. After the Board of Directors approves the new member, the Chief will provide the new member with a pager, coat, pants, helmet, gloves, boots, and hood or other gear and equipment as required.
7. The new member then has a period of two years to complete and pass the NFPA Fire Fighter I course for basic fire fighting..
8. All firefighters are encouraged to continue with their training through the FFI & FFII series. The fire department will reimburse all firefighters for any materials required for these classes.
9. To maintain membership in the Mineral Springs Volunteer Fire & Rescue Department each member must comply with the following;
 - a. All members must adhere to MSVF&R Inc. SOGs.

- b. Refrain from being engaged in any illegal or criminal activities while on or off duty.
 - c. No alcohol, drugs, or illegal substances shall be used while on duty or responding to a call as a representative of MSVF&R Inc.
 - i. Any member suspected of substance abuse will be sent for testing.
 - d. Consume no alcohol 4 hours of starting Paid Shift, PR Events, Training, or responding to any incident with MSVF&R Inc.
 - e. Make no expressions of prejudice or harassment concerning race, religion, national origin, gender, sexual orientation, or other personal characteristics.
 - f. Be truthful about all information provided in the application for employment or volunteer membership for MSVF&R Inc.
 - g. While on duty no employee shall be absent from his/her assigned station or worksite without permission from a Chief Officer.
 - h. Employees and members shall not discuss or otherwise reveal details of the "private lives" of citizens, unless subpoenaed in court. This is a HIPAA Violation.
 - i. All reasonable and prudent orders of supervisors or those acting in a supervisory capacity (officers, instructors, or the Incident Commander etc.) shall be promptly obeyed. Obey the orders of the Officers in charge of an emergency without question provided it does not violate personal safety or is immoral.
 - j. After being alerted to a call for service the member shall respond expeditiously.
 - k. Members shall conduct themselves at all times both on and off duty in a manner which is keeping with the highest standards of the fire service.
 - l. Employees who are "Absent without Official Leave" (AWOL) shall be disciplined as a Class I Violation. This will include a failure to report for duty.
 - m. No theft of any kind will be tolerated
 - n. Gossip, rumors, or falsehoods that have a negative impact on a member's character or performance shall not be originated or repeated.
 - o. All members of the public and fellow MSVF&R Inc. members shall be treated with respect, courtesy, and consideration. Never argue with an officer or other firefighters at the scene of an incident. Talk back at the station.
 - p. No member shall purchase goods, materials, supplies, services, or otherwise obligate MSVF&R Inc. without proper authority.
 - q. All personnel shall don all appropriate PPE for the reported emergency encountered whether it is a known or potential danger. The IC may allow members to deviate from this rule as the incident dictates.
 - r. Supplies and equipment issued to members shall be properly maintained at all times
 - s. General safety policies and procedures shall be followed. General safety policies are designed to prevent minor injuries. This does not include failure to use PPE at an emergency scene which is a Class II Violation.
 - t. Supplies and equipment shall not be wasted, abused, nor used for personal gain.
 - u. All reports, records, and files shall be properly maintained. This shall include the timely entry of incident reports.
- Employees who can't report to the station by their predetermined work schedule shall notify the Chief or Chief Officer before the appointed time of their shift. Any employee

who reports to work 15 minutes after the beginning of the scheduled shift shall be marked tardy and may receive disciplinary action

- v. Be actively engaged in completing the Firefighter I course.
 - w. Complete the Firefighter I course within two years of becoming a member.
 - x. Be present for 60% of all training drills and meetings
 - y. Maintain the NC State requirement of 36 hrs per year training
 - z. Respond to a minimum of 20% of calls:
 - i. Members that are acting as firefighters only are required to respond to 20% of all calls that are not medical only calls.
 - ii. Members that are acting as 1st Responders only are required to respond to 20% of all medical calls and 10-50 PI calls.
 - iii. Members that are acting as 1st Responders and Firefighters are required to respond to 20% of all calls
10. The Chief and/or the Assistant Chiefs shall make all decisions pertaining to the validity of the number of calls made by a member.
11. The Board of Directors shall make final decisions on any decisions made by the Chief in these matters

Revised October 5, 2009