

## North Spartanburg Fire District Volunteer Application

Volunteer section applying for: (please check one) see instructions on back page

- Fire Fighter – Fire Fighting, Rescue, Medical Response
- Service - Fire Ground Rehab, Training Rehab, Fire Ground Support

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Education level: \_\_\_\_\_

Fire or Medical Training: \_\_\_\_\_

\_\_\_\_\_

Previous Fire or Medical Affiliations: \_\_\_\_\_

\_\_\_\_\_

Employment History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you wish to become a part of this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** I hereby certify that all information provided on this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any falsified or misleading statement or answer may result in rejection of the application or dismissal from the Fire District.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**All Fire Fighter applicants must read and be able to comply with the following:**

- Be physically able to perform fire fighter duties
  - Wear protective clothing
  - Climb ladders
  - Pull fire hose
  - Wear Self Contained Breathing Apparatus
- Attend Monday night drills and other training classes
- Complete an Interior Fire Fighting class within one (1) year of employed date
- Complete a First Responder class within two (2) years of employed date
- Attend annual Infection Control class
- Have TB test performed annually
- Take and pass a medical evaluation to perform fire fighter duties
- Take and pass a medical evaluation to wear a respirator.
- Have Hepatitis shots up to date

**All Service applicants must read and be able to comply with the following:**

- Attend Monday night drills and other training classes
- Attend annual Infection Control class
- Have TB test performed annually
- Complete a First Responder class within two (2) years of employed date
- Take and complete an emergency vehicle driving class

**Application Directions:**

- Fill out entire application
- Fill out and sign the Request for Criminal Record Review form
- Obtain an official driving record from SC Department of Public Safety (\$6 cost)
- Make sure you sign and date the application
- Place all of the paperwork in the provided envelope and seal
- Deliver the package to the Headquarters Station 8767 Asheville Highway
- You will be contacted to schedule an interview

**Information You Should Know:**

- You will be placed on a probation period of up to six (6) months.
- You are expected to train and educate yourself in Fire and Medical service.
- You are expected to answer emergency calls by the guidelines of the Fire District.
- You are expected to work with other employees as part of the team.
- You are expected to be professional in your duties and actions.
- The Fire District will furnish and issue the equipment you need.

**South Carolina Firefighter Registration Act**  
Request for Criminal Record Review

Name: \_\_\_\_\_ (Full Given Name)

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Race: \_\_\_\_\_ Sex:  Male  Female

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I, \_\_\_\_\_ do hereby grant approval for the  
(Print Name)  
**North Spartanburg Fire District** to inquire and receive any and all criminal information  
pertaining to me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Mail Request To:  
S.L.E.D. Records  
PO Box 21398  
Columbia, SC 29221-1398  
Phone: 1-803-737-9000  
Fax: 1-803-896-7022

S.L.E.D. Should  
Return Information To:  
Larry Brady  
8767 Asheville Highway  
Spartanburg, SC 29316-4609

Reports should be returned  
to the Fire Department – Not  
to the Fire Marshal's Office.

\*Note to Fire Departments:  
Please include a self-addressed  
envelope for return of report  
from S.L.E.D.