

CTFD MEMBER APPLICATION

(Use black or blue ink)

1. GENERAL INFORMATION

Name: _____
(Last name) (First name) (MI)

Date of Birth: _____

SSAN: _____

Driver's License: (State) _____ # _____

Restrictions: _____

Is your driver's license valid? (yes/no): _____ Expiration Date: _____

Address: _____
(Street) (City) (State & Zip)

Home Phone: _____

2. Attach Résumé (to include any previous experience that is relevant to the position(s) for which you are applying)

3. EDUCATION

A. High School or Other Institution Attended: _____

Address / Phone: _____

High School Diploma or Equivalent? Yes / No

Course(s) of Study _____ Date Graduated / Completed: _____

B. Last Formal Education Attended

Name of Institution / College: _____

Address: _____
(Street) (City) (State & Zip)

Dates Attended: from _____ to _____

Highest Level Completed: (13, 14, 15, etc.) _____

Degree or Diploma? Yes / No

Major / Course(s) of Study _____

4. PERSONAL INFORMATION

A. Marital Status: _____

B. Spouse's Name: _____

Children: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

B. Person to Notify in Case of an Emergency:

Name/Relation: _____

Address: _____

Phone #: Day _____

Night _____

C. Estimate Your Physical Condition: Poor Fair Good

D. Vehicle Information:

YEAR	MAKE	MODEL	COLOR	LICENSE #	STATE	INSURED?

5. CRIMINAL BACKGROUND:

Do you have any warrants pending or legal action being taken against you? _____

If yes, explain _____

Have you ever been charged with a felony? _____ If Yes, explain below:

Offense: _____ State: _____ Date: _____

Have you ever been convicted of a felony? _____ If Yes, explain below:

Offense: _____ State: _____ Date: _____

Have you ever been charged with or convicted of driving offenses other than minor traffic violations? _____ If yes, complete information below:

Offense: _____ State: _____ Date: _____

Offense: _____ State: _____ Date: _____

Have you ever been charged with or convicted of three or more minor or moving traffic violations of the same or similar nature in the last three years? _____

If yes, complete information below:

Offense: _____ State: _____ Date: _____

Offense: _____ State: _____ Date: _____

Offense: _____ State: _____ Date: _____

6. REFERENCES (Non-Family)

A. (Known at least 5 years):

Name _____ Relation _____

Address: _____
(Street) (City) (State & Zip)

Home phone: _____ Work Phone: _____

B. (Known at least 3 years):

Name _____ Relation _____

Address: _____
(Street) (City) (State & Zip)

Home phone: _____ Work Phone: _____

C. (Known at least 1 year):

Name _____ Relation _____

Address: _____
(Street) (City) (State & Zip)

Home phone: _____ Work Phone: _____

7. MISCELLANEOUS INFORMATION

Have you ever been denied a position, paid or volunteer, with an emergency service organization? _____

If Yes: Where? (Dept. & POC) _____

When (Mo//Yr) _____

Why _____

Have you ever applied here before? _____ If Yes, when? (Mo/Yr) _____

How did you hear about CTFD? _____

8. POSITION(S) APPLYING FOR

A. Position(s): _____, _____, _____

B. Special skills or services to offer:

_____ Vehicle Maintenance: _____ Diesel _____ Gas _____ Both

_____ Equipment Maintenance: (Hand tools, SCBAs, Electrical, Small engine)

_____ Computer/administrative skills: (office paperwork, computer work, record-keeping)

_____ Other (explain) _____

C. Tasks, Duties, and Risks

Are you--

- Capable of operating both as a team member and independently at incidents of uncertain duration
- Capable of spending extensive time outside, exposed to the elements
- Capable of operating with limited maneuvering and limited to void sight conditions
- Capable of assisting fire / rescue operations as traffic control for extended periods of time, lifting and moving patients on backboards and gurneys, evacuating people from a certain area
- Able to demonstrate effective communication skills on an emergency scene, as well as in a formal setting

While wearing full turnout gear and SCBA are you capable of--

- Dragging charged / uncharged hose lines of approximately 150' and 150 lbs?
- Carrying ladders weighing approximately 100 lbs?
- Carrying portable fire extinguishers weighing approximately 40 lbs?
- Swinging an axe of approximately 7 lbs. to cut holes in floors and roofs?
- Ascending ladders of varying heights and types to advance tools or hose lines weighing approximately 50 lbs?
- Performing rescue operations, such as lifting, carrying, and dragging people away from dangerous situations?
- Reading and comprehending documents, placards, and labels with accuracy?
- Communicating effectively with others?

Are you willing to accept the risk of reasonably anticipated exposure due to, but not limited to--

- Rescuing victims from burning structures or vehicles
- Extrication of persons from vehicles, machinery, or collapsed excavations or structures
- Recovery or removal of bodies from hostile environments or through extrication
- Response to hazardous materials incidents, both fixed-site and transient, involving potentially infectious substances

Are you willing to accept the risk of reasonably anticipated injury due to, but not limited to--

- Incidents occurring in response to the fire station, at the incident scene, or upon return to the station or place of residence
- Any and all fire related activity on the fire ground, at the station, or during training
- The non-use of available safety wear, such as eye, ear, face, isolation or turnout gear protection
- Evolutions performed during fitness or physical training or testing

If your answer to any of the above listings is "No," please explain:

READ BEFORE SIGNING:

I understand that the information submitted on this application is true and complete. I understand that any false information may cause this application to be rejected at any time. I understand that the Chief or Board of Directors may terminate my status. If terminated or suspended, I agree to return all equipment issued to me by this organization within 2 weeks. I agree to abide by all the organization's rules, regulations, SOGs, and directives by its Officers. I understand that I will be required to be examined by a physician of the organization's choice, to include drug testing, and will agree to the physician's determination, which is final, as to my fitness for Fire Department activities. Due to the nature of this profession and the expense of operations, I understand that a complete criminal background report and driver's license history report must be obtained, by me, at my expense (if by department, at department expense), from all locales / residences, to compile a 5-year history. I understand that these documents must be submitted with my application, and that reference checks will be conducted.

Date _____ Signature _____
(APPLICANT)

Date _____ Signature _____
(WITNESS)

OFFICE USE ONLY

Employment references: _____
(Date) (Date) (Date)

Personal references: _____
(Date) (Date) (Date)

Driver's license check: _____ Criminal background check: _____
(Date) (Date)

Approved / Denied: _____
(Date) (Personnel committee member)

Approved / Denied: _____
(Date) (Chief Officer)

Remarks:

APPENDIX B: BENEFICIARY DESIGNATION FOR ACCIDENT & SICKNESS POLICY

Name of Organization CAROLINA TRACE VOLUNTEER FIRE DEPARTMENT

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. I direct that any amounts payable under said Policy be paid to those of Primary Beneficiary (-ies) who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentage listed. This Beneficiary designation supersedes any and all previously dated designation documents.

Primary Beneficiary:

Name _____ Relationship _____ D.O.B. _____

Share _____ % SSAN _____

Name _____ Relationship _____ D.O.B. _____

Share _____ % SSAN _____

Contingent Beneficiary:

Name _____ Relationship _____ D.O.B. _____

Share _____ % SSAN _____

Marital Status _____ Years _____ Spouse's Name _____

Dependants: 1. _____ 2. _____

3. _____ 4. _____

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

Signature _____ Date _____

Fire Chief _____ Date _____

This form should be retained in the files of your department or organization.

APPENDIX C: PHYSICIAN'S APPROVAL FOR SERVICE

I, _____, have read and understand the "list of
(Physician)
tasks/duties" shown on the following page of this document. After review of the patient's
medical history and/or completion of physical examination, I give my professional
opinion that _____, is physically fit to carry out any tasks or
(Patient)
duties requested or required during fire service related activity.

If applicable, the individual stated above is also fit to receive the Hepatitis B vaccination series required for all Firefighters by the Fire Dept. for active response status.

If the individual stated above is not fit to receive the Hepatitis B vaccination series, please briefly explain, without breaching any confidentiality:

If the individual stated above refuses to obtain the Hepatitis B vaccination series, a declination statement is required, and will be provided, to release this Department from any liability, in the event of an exposure or actual infection.

(Physician) (Date)

Physician Contact Information (please print)

Name _____

Address _____ Phone _____

To the caregiver,

The following is a listing of tasks and/or duties a firefighter may perform that are reasonably anticipated to involve an exposure to disease, bodily injury, or both. The listing is provided for reference use only, as per Carolina Trace Volunteer Fire Department Infection Control Officer.

Firefighter Tasks / Duties

Tasks / duties reasonably anticipated to involve exposure:

- The rescue of victims from hostile environments, to include burning structures or vehicles.
- The extrication of persons from vehicles, machinery, or collapsed excavations or structures.
- Recovery and/or removal of bodies from a hostile environment or through extrication
- Response to hazardous materials emergencies, both transient and fixed site, involving potentially infectious disease
- The above list reflects only the most commonly known occurrences in which an exposure may take place.

Tasks/duties reasonably anticipated to involve injury:

- All tasks/duties reasonably anticipated to involve exposure, for purpose of this Dept.'s safety program, are also considered to anticipate involvement of injury
- Incidents occurring in response to the fire station or incident scene
- Any and all fire related activity on the fire ground, fire station, or during training.
- Examples include structural and natural-area firefighting, the handling / use of hose lines, the wearing and use of SCBA, the performance of the station and vehicle maintenance, etc.
- The bodily, lifting, and/ or carrying of fire-, or station-related equipment, tools and appliances
- The non-use of available safety-wear (i.e. eye, ear, or isolation protection)
- Movements performed during physical fitness training

Tasks / duties reasonably anticipated to involve responsibility for human life:

- Ability to operate both personal vehicles and emergency apparatus, using “lights” (strobe and rotating) and or “sirens”, in response to potentially critical or stressful emergency incidents
- Ability to maintain an alert and professional state during use of self-contained breathing apparatus in a round burning structures and burning vehicles, in confined spaces, or other situations deemed necessary
- Ability to remain alert and professional during potentially critical and stressful situations, in life threatening conditions and situations, and during physical and emotional stress and distress of colleagues and the public.
- There are many more tasks / duties performed by personnel that are reasonably anticipated to involve injury and/or responsibility. The above list is to be used as a reference and guide for the caregiver.

APPENDIX D: HEPATITIS B VACCINATION AGREEMENT

The following guidelines pertain to personnel who reach the stage at which they are required to have HBV vaccination series, at no cost to them. This agreement is presented for signature, acknowledging that the guidelines have been read and understood.

- 1). Personnel at the designated medical facility will administrate All HBV vaccinations provided by this department during normal operating hours.
- 2). The schedule for the HBV vaccination series as is follows:
 - *FIRST SHOT*—within ten (10) working days, as directed by the Infection Control Officer, or designee, after application acceptance, or authorization to respond on apparatus to emergency calls.
 - Note: Personnel will not be authorized to respond until proof that the HBV vaccination series has been started, already completed, or declined, is received by the Infection Control Officer.
 - *SECOND SHOT*—within thirty -30- days after first shot.
 - *THIRD SHOT*—six (6) months after second shot.
- 3). Forms authorizing services at the designed medical facility can be obtained from the Infection Control Officer.
- 4). Any questions concerning the vaccination or the vaccine should be directed to the personnel at the designated medical facility.
- 5). If the second or third shot becomes overdue, the vaccination series must be restarted. The individual then takes on the expense of the series. Under 29CFR 1910.1030, and the North Carolina Department of Labor, Division of Occupational Health and Safety, Carolina Trace Volunteer Fire Department is only responsible for one (1) complete vaccination series, which consists of three (3) shots at no cost to the individual.
- 6). If the HBV vaccination series becomes overdue, the individual will not be allowed to respond to emergency calls until verification that the series has been restarted is presented to the Infection Control Officer or designee.
- 7). In order to keep records updated, notify the Infection Control Officer as soon as possible after each vaccination, but no later than the next weekly meeting. The medical facility personnel administrating the shot must sign the forms provided by this dept. for verification of vaccinations.

Agreement

I have read the above guidelines concerning the Hepatitis B vaccination series, and understand the consequences of not starting the series and failure to follow the established schedule of the required vaccinations.

(Signature)

(Date)

(Signature)

(Date)

APPENDIX E: HEPATITIS B VACCINATION CONSENT FORM

About Hepatitis B: Hepatitis B is a viral infection caused by the virus, which causes death in some 250 people each year. Most people who contract the Hepatitis B virus recover completely, but approximately 2%-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the virus to others and some may develop chronic active hepatitis and cirrhosis. The Hepatitis B virus also appears to be a causative factor in the development of liver cancer.

ENGERIX B: Engerix B is a non-infectious recombinant DNA Hepatitis B vaccine. No substances of human origin are used in its manufacturing. Engerix B is supplied as a sterile suspension for intramuscular administration. Engerix B is a non-infectious sub-unit viral vaccine derived from Hepatitis B surface antigen produced in yeast cells.

- **Are you allergic to yeast? Yes _____ No _____**

A high percentage of healthy people who receive the vaccination series achieve high levels of surface antibody and protection against Hepatitis B. Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, however half of those receiving it do develop anti-bodies.

Full immunization requires three (3) doses of vaccine over a seven month period, although some persons may not develop immunity even after three (3) doses. There is no evidence that the vaccine has ever caused a Hepatitis B infection, however those who have been infected with the HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization. The duration of the immunity is unknown at this time.

Side Effects: The incidence of side effects is very low and none have been reported as serious to-date with the vaccine, some reported side effects have been tenderness and redness at the site of injection, possible low grade fever, rash, nausea, joint pain, and mild fatigue. The possibility remains that more serious side effects may be identified with more extensive use.

CONSENT

I have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination. I understand that I must have three (3) doses of vaccine to confer immunity, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from vaccine. I am not pregnant or nursing, nor do I have any viral illness at this time. I request that the vaccination series be given to me or the person named below of whom I am the parent or guardian. I understand that it is my responsibility to follow the established schedule and to return at the designated times to complete my vaccination series.

(Signature)

(Date)

(Signature)

(Date)

APPENDIX F: HEPATITIS B VACCINE DECLINATION STATEMENT

I understand that due to my tasks and other duties performed in the profession of firefighting, it is reasonably anticipated that I may be exposed to blood, bodily fluids, or other potentially infectious materials. I also understand that I am at risk of acquiring the Hepatitis B virus. At this time, I decline the Hepatitis B vaccination series...

___and understand that I will continue to be at risk of acquiring this serious disease.

Or

___because I have already received the Hepatitis B vaccination series.

Or

___because I already received the Hepatitis B vaccination series, and am requesting only a Titer test be done.

By my declination, I am releasing Carolina Trace Volunteer Fire Department of any liability due to any exposures that I may suffer. If, in the future, I decide that I would like to be vaccinated or be given the Titer test due to my continued occupational exposure, the vaccination series or Titer test (whichever is applicable) will be provided at no cost to me.

Declining individual's name

witness name / date

Declining individual's signature

witness signature / date

APPENDIX G: VACCINATION LOG

1st shot

I verify that _____ has received HBV vaccination _____
or Titer test _____ at _____.

_____ Medical facility
1st shot _____ date _____ lot # _____

The next vaccination is due on _____
Date

Name of caregiver: _____

Signature of caregiver: _____ Date: _____

2nd shot

I verify that _____ has received HBV vaccination _____
or Titer test _____ at _____.

_____ Medical facility
1st shot _____ date _____ lot # _____

The next vaccination is due on _____
Date

Name of caregiver: _____

Signature of caregiver: _____ Date: _____

3rd shot

I verify that _____ has received HBV vaccination _____
or Titer test _____ at _____.

_____ Medical facility
1st shot _____ date _____ lot # _____

The next vaccination is due on _____
Date

Name of caregiver: _____

Signature of caregiver: _____ Date: _____