

## **City of Beaufort/Town of Port Royal Volunteer Firefighter Application**

Thank you for your interest in becoming a volunteer firefighter within the City of Beaufort/Town of Port Royal Fire Department.

If you are interested in a career in the fire service, becoming a volunteer firefighter is a great place to start. The City of Beaufort/Town of Port Royal Fire Department has hired many from within the volunteer ranks and currently employs many members who once began as volunteer firefighters. As a volunteer firefighter, you will have the opportunity to receive the same training as full-time members.

### **IMPORTANT INFORMATION**

- FILL OUT THE APPLICATION COMPLETELY; INCOMPLETE, ILLEGIBLE APPLICATIONS **WILL NOT** BE PROCESSED.
- INCLUDE A COPY OF YOUR DRIVER'S LICENSE AND HIGH SCHOOL DIPLOMA.
- **MANDATORY ORIENTATION** IS FEBRUARY 11, 2023 8:00 AM AT STATION 2 1120 RIBAUT RD.
- **PHYSICAL AGILITY TEST** IS FEBRUARY 11, 2023, FOLLOWING THE ORIENTATION AT CENTRAL HEADQUARTERS 135 RIBAUT RD.
- **BASIC TRAINING** STARTS FEBRUARY 21, 2023.

If you are ready to become a volunteer firefighter, please complete the attached application and return it to our Headquarters Fire Station at 135 Ribaut Road, Beaufort, SC 29902.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT Volunteer Program Coordinator Adam Jordan at [ajordan@cityofbeaufort.org](mailto:ajordan@cityofbeaufort.org) Or the Assistant Volunteer Coordinator Devin Mitchell at [dmitchell@cityofbeaufort.org](mailto:dmitchell@cityofbeaufort.org).

**PLEASE RETAIN THIS SHEET FOR YOUR RECORDS**

# City of Beaufort/Town of Port Royal Fire Department

## Application for Membership

Complete all fields of application, incomplete applications will not be accepted.

Please print clearly.

Date of application: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_ DL # \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Do you have any physical, mental or medical impairments or disabilities that would limit your job performance for the position in which you are applying? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Who should we notify in the event of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of your current employer: \_\_\_\_\_

Name and title of Supervisor: \_\_\_\_\_

Supervisors phone number: \_\_\_\_\_

Please list three references who are not relatives or previous supervisors:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

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

How long did you live at this address? \_\_\_\_\_

Have You ever been convicted of a crime excluding minor traffic violations? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain in detail:

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The City of Beaufort/Town of Port Royal Fire Department is a drug free workplace and is subject to periodic drug testing. Do you understand and accept these conditions? Yes: \_\_\_\_ No: \_\_\_\_

Have you had a major illness in the last five years? Yes: \_\_\_\_ No: \_\_\_\_ If yes, please describe:

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Do you need any physical accommodations to perform physical tasks as firefighters do?

Yes: \_\_\_\_ No: \_\_\_\_ If yes, please describe accommodations and specific work limitations:

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How did you hear about our reserve program: Facebook: \_\_\_\_ Instagram: \_\_\_\_ Twitter:  
\_\_\_\_ Friend: \_\_\_\_ South Carolina State Firefighters Association: \_\_\_\_ Other (Please describe):

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**Please read the following statements carefully and initial on the line following each.**

I certify that all answers given herein are true and complete to the best of my knowledge. \_\_\_\_\_

I hereby authorize the City of Beaufort/Town of Port Royal Fire Department to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If the investigation determines any untrue statement or answer has been made, I accept this as sufficient grounds for rejection as a reserve firefighter. \_\_\_\_\_

In the event of acceptance, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations promulgated by the City of Beaufort/Town of Port Royal Fire Department. \_\_\_\_\_

I authorize and request each former employer, person, firm or corporation given as a reference to answer any and all questions related to my past work performance and character. \_\_\_\_\_

I agree to submit myself, upon request, for a physical examination by a physician selected by the City of Beaufort/Town of Port Royal Fire Department. I understand that failure to meet the physical requirements may disqualify me from the reserve program. \_\_\_\_\_

I understand that I am covered by the Worker's Compensation Fund during the time I am actually working as a reserve firefighter and performing duties under the direction of the Fire Chief or his designee. In case of injury, during this time, I am eligible for 37 ½ percent of the average weekly wage in the State for the preceding fiscal year as determined by the Worker's Compensation Fund. \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Check Information**

Please print all information clearly

Name: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I authorize the release of any criminal history information from any law enforcement agency to the City of Beaufort/Town of Port Royal Fire Department. I understand that background investigations are required in order to process my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Medical Records Release**

I certify that I have reviewed the forgoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize the doctors, hospitals or clinics mentioned above to furnish the City of Beaufort/Town of Port Royal Fire Department a complete transcript of my medical record for the purpose of processing my application for membership with the department.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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