

Effingham County
Fire/Rescue
Volunteer Firefighter Application

Date: _____ Station Assignment: _____

Name: _____ Birthdate: _____

Address: _____ Social Security Number: _____

Cell Phone Number: _____

Email Address: _____

Do you have a valid Georgia Driver's License? Yes No Is it a CDL? Yes No Class: _____

License Number: _____ Expiration: _____ Endorsements: _____

Hours you would not be able to respond to incidents: _____

Are you currently under a doctor's care for any of the following medical conditions which could affect your ability to perform the duties of a firefighter? No

Heart Condition Back injury or chronic ailment Asthma Hypertension

Other (please specify): _____

List any medications, materials, insects, etc. that you maybe allergic: _____

Describe any previous firefighting experience: _____

List any department in which you have previously served with and dates: _____

Have you ever been convicted of a Felony? Yes No If Yes, explain: _____

Whom should we contact in case of an emergency? _____

Phone Number: _____ Relationship to you: _____

I, _____, do avow that all information given is true. In addition, I authorize Effingham County Fire/Rescue to access any criminal history information pertaining to me contained in any local, state, or federal criminal history files. I further authorize the department to access my motor vehicle records to review my driving history. I understand that this authorization allows the review of criminal and driving records at any time during my association with the department. I also agree to meet all requirements and follow all standard operating procedures of the Effingham County Fire/Rescue Department.

Signed: _____ Date: ____ / ____ / ____

Witness: _____ Date: ____ / ____ / ____

List the names, addresses and telephone numbers of three people who are not related to you, and have known you for at least three years:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Effingham County
Fire/Rescue
Volunteer Firefighter Application

Consent Form

I hereby authorize Effingham County Board of Commissioners to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Name: _____

Current Address: _____

Gender: Male Female

Race: _____

Date of Birth _____

Social Security Number: _____

*****DO NOT SIGN UNTIL A NOTARY PUBLIC IS PRESENT*****

Signed

Date

Sworn and Subscribed before me this _____ day of _____, 20_____

County of _____, State of _____

Notary Public
My Commission expires _____, 20_____

