



Liberty County Fire Services

Application for Membership

Instructions:

1. Please fill out this form completely and truthfully. Print legibly.
2. Carefully read and sign the membership agreement on the last page.
3. Return the completed form to: 100 N. Main St. Suite 2213, Hinesville, GA 31313
4. Failure to complete this form legibly and completely will delay processing of your application.
5. If you have any questions, stop by the fire station or call the fire services office at (912)-876-4511

Today's Date: _____

Personal Information:

Name: Last First Middle Suffix (Jr., III, etc.) Nickname

Home address:

Home Phone: Work Phone: Cell Phone:

Email address:

Social Security Number:

Date of Birth:

Driver's License Number: State: Class: Expires:

Are you a U.S Citizen? If not, are you a legal resident?

Emergency Contact Person: Relationship to you:

Emergency Contact Person's Phone Number(s) and Address:

Education:

Are you a high school graduate?

Name/location of high school:

Do you have a GED?

Date completed:

If not a high school graduate or GED recipient, or if you are still in high school, what is your highest grade completed?

Enter below any colleges, universities, technical, trade or other post-secondary schools attended. (Use an extra page if necessary)

(1) Name of school: _____

City/State: _____

Dates attended: _____

Graduate? _____

Major: _____

Degree: _____

(2) Name of school: _____

City/State: _____

Dates attended: _____

Graduate? _____

Major: _____

Degree: _____

Fire/Rescue/EMS Training:

Enter below all Firefighter, EMT, First Responder or other applicable fire/rescue/EMS training you have received (use an extra page if necessary) and please attach copies of all current certifications, licenses, or other training records to this application.

(1) Type of certification/license/training: _____

Date received: _____

Expiration date: _____

Jurisdiction where received: _____

(2) Type of certification/license/training: _____

Date received: _____

Expiration date: _____

Jurisdiction where received: _____

Current Employment:

(1) Employer name: _____

Your position: _____

Dates employed: _____

Phone number: _____

Employer should be notified that you are a volunteer with Liberty County Fire Service.

Personal References:

Please list at least 2 personal references we can contact. These persons should NOT be related to you and should NOT be your current employer. They should be able to comment on your character.

Name: _____ Telephone and/or Email Address: _____ Occupation/Title: _____

Fire/Rescue/EMS Memberships:

Please list all current and former Fire/Rescue/EMS organization memberships. Use an extra page if necessary.

(1) Name of Department/Company: _____

County/City/State: _____

Position(s): _____

Dates of Membership: _____

Reason for leaving: _____

(2) Name of Department/Company: _____

County/City/State: _____

Position(s): _____

Dates of Membership: _____

Reason for leaving: _____

Do you have any physical limitations that may affect your ability to perform fire/rescue/EMT operations?

NO ___ YES ___ If yes, explain:

Are you currently in good health? NO ___ YES ___

Have you had a complete physical within the last 6 months? NO ___ YES ___

If yes, we need to obtain a copy from you. If no, then a complete physical needs to be obtained. (Most health insurance will cover 1 to 2 per. year)

Do you have a disability, mental or physical, that you have received treatment for or been released from employment because of.

NO ___ YES ___ If yes, explain:

Station to Join:

Please check the following station in which you wish to join.

LC Station-12 ___ LC Station-15 ___

Interest Areas:

Please check the following activities in which you are interested in participating. Check all that apply. Please note that ALL members are required to assist with fundraising activities. However, some members participate exclusively in such non-operational areas.

Fire-Rescue Operations ___

First Responder/EMS ___

Administrative Duties ___

Fundraising Activities ___

Support Team ___

Other- Please explain:

Please state in your own words the reason you wish to join Liberty County Fire Services:

Liberty County Fire Services Membership Agreement

I hereby affirm that all the information provided by me on this application is truthful and accurate to the best of my knowledge and ability. I authorize the Liberty County Fire Services (LCFS) to investigate and confirm the statements and information contained on this application. I understand that any inaccurate, falsified or misleading information or the omission of facts or statements may result in rejection of this application or dismissal from the department.

I authorize LCFS to conduct a criminal background check on me. I also authorize LCFS representatives to contact current and past employers and the persons listed as personal references on this application and to confidentially gather and maintain their evaluations of me in respect to my character and fitness for the position for which I am applying. In consideration or being considered for membership in LCFS, I waive access to such reference forms/memos/letters/information/in order to encourage that candid evaluations of me be given for the protection of the community we serve, and I release the employers and references contacted and LCFS and its representatives from any claims arising out of or relating to the reference information given or the characterization of same, however it may be recorded.

I understand that as part of the application process, I will be interviewed by a representative (or representatives) of LCFS and that the interview will be considered, along with this application and other information gathered by the department, as factors to determine my suitability for membership.

I understand that my membership in LCFS is subject to a majority vote by the members of the department and that as a new member I will serve a probation period of ninety (90) days, commencing on the date I am voted into membership.

If accepted into membership, I hereby agree to abide by the rules and regulations, charter, bylaws, and policies of the Liberty County Fire Services.

I understand that any and all information obtained about me by LCFS shall become part of my personal file and will remain confidential. I also understand that this application and any interviews conducted by LCFS are not intended to form or imply any type of membership contract between myself and the department. I understand that during my probationary period LCFS reserves that right to terminate my membership at any time, for any reason. Termination after any probationary period served shall be conducted pursuant to department bylaws, policies and procedures.

The Liberty County Fire Services abides by the Americans with Disabilities Act and will not discriminate due to physical disabilities, as well as age, sex, religion, race or national origin.

I understand and agree that any property issued to my by LCFS shall be returned to the department should I be declared an Inactive Member upon termination of my membership.

Applicants Signature: _____ Date: _____

Fire Station Chief Signature: _____ Date: _____

Fire Station Chief Recommendation: _____

APPROVED/DISAPPROVED

DO NOT WRITE IN THIS SPACE

Interviewed by: _____ Date: _____

Probationary Membership: ACCEPTED _____ DENIED _____ Date: _____

Active Membership: ACCEPTED _____ DENIED _____ Date: _____