

Rocky Point Volunteer Fire Department, Inc.
1425 Porters Lane Road P.O. Box 27
Rocky Point, NC 28457

MEMBERSHIP APPLICATION PROCEDURE AND FORM

Applicants for membership in the Rocky Point Volunteer Fire Department, Inc. shall complete the attached Membership Application Form and the Drug Screening Applicant Consent Form and return it IN PERSON to the Chairman of the Board of Directors or the CHIEF of the Department at the applicant's earliest convenience. If neither of the above mentioned officers is present, applicant should return the completed forms to the highest ranking officer present.

Minimum requirements for membership as a volunteer are:

1. Applicant must comply with and conform to the "Membership Requirements" as listed in Article V, Sections 1 through 7 of the Department Constitution. A copy of this constitution is enclosed in the membership packet.
2. Must have a high school diploma or GED.
3. Applicant must pass a pulmonary function test.
4. Must be willing to submit to and pass a background investigation.
5. Must be willing to submit to and pass a substance abuse drug test.
6. Must not have a prior felony or serious misdemeanor criminal record.
7. Must not have a serious traffic violation or an extensive pattern of traffic violations.

All applications for membership are submitted for a background investigation. Upon successful completion of the background investigation, the application form is submitted to the Rocky Point Volunteer Fire Department Board of Directors for review at the next scheduled board meeting.

Should your application be rejected by the Board of Directors, you will be informed by the Chairman of the Board or Chief of the Department, in writing. If your application is approved by the Board of Directors and confirmed by the Chief, you will be informed by letter of your conditional acceptance as a probationary member subject to passing a substance abuse drug test and complying to "Membership Requirements" listed in Article V, Sections 1 through 7 of the Department Constitution.

Upon satisfactory results of the above substance abuse drug test and notification of completion of the probationary period as defined in Article V by the Captain in charge of training, the applicant will be voted on for final membership by the general membership of the Rocky Point Volunteer Fire Department at the next business meeting.

If further information is needed concerning this application, please contact any member of the Board of Directors or any line officer of the department.

Please remove this page from the application form and keep it for future reference.

Revised 1/2009

FIRE PREVENTION IS EVERYONES RESPONSIBILITY

**APPLICATION FOR MEMBERSHIP
TO
ROCKY POINT VOLUNTEER FIRE DEPARTMENT
PLEASE PRINT – USE INK ONLY**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? () NO () YES
IF YES, EXPLAIN ON THE BACK OF THIS PAGE.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIMINAL OFFENSE? () NO () YES
IF YES, EXPLAIN ON THE BACK OF THIS PAGE.

HAVE YOU EVER HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED? () NO () YES
IF YES, EXPLAIN ON THE BACK OF THIS PAGE. INCLUDE OUT OF STATE DRIVERS LICENSE ALSO.

HAVE YOU EVER BEEN ARRESTED FOR DWI? () NO () YES IF YES, EXPLAIN ON THE BACK.

EDUCATION: DID YOU GRADUATE FROM HIGH SCHOOL? () NO () YES () GED

CIRCLE HIGHEST YEAR COMPLETED: 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16

HIGH SCHOOL GRADUATED	ATTENDED LOCATION	YEARS ATTENDED

COLLEGE OR UNIVERSITY GRADUATED	LOCATION	YEARS ATTENDED

MAJOR SUBJECT	DIPLOMA	() BA/BS () MA/MS () Ph.D.

OTHER EDUCATION

LIST FIELDS OF WORK IN WHICH YOU ARE LICENSED, REGISTERED OR CERTIFIED AND GIVE DATES AND SOURCE(S).

EMPLOYEE RECORD: ANSWER QUESTIONS FOR EACH PERIOD OF EMPLOYMENT. INCLUDE MILITARY SERVICE AND EMPLOYMENT. FAILURE TO GIVE COMPLETE INFORMATION MAY RESULT IN REJECTION OF YOUR APPLICATION. BEGIN WITH YOUR PRESENT OR LAST POSITION. IF MORE SPACE IS REQUIRED, USE A CONTINUATION SHEET.

1. TITLE OF PRESENT OR LAST POSITION: _____

DATE EMPLOYED: _____ DATE SEPARATED: _____ NO. OF HOURS PER WEEK: _____

NAME AND TITLE OF SUPERVISOR: _____

PHONE NO. OF SUPV.: _____ NO. OF EMPLOYEES SUPERVISED BY YOU: _____

EMPLOYER: _____ ADDRESS: _____

DUTIES: _____

STILL EMPLOYED? () YES () NO IF NO, EXPLAIN REASON FOR LEAVING: _____

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2. TITLE OF PREVIOUS POSITION: _____

DATE EMPLOYED: _____ DATE SEPARATED: _____ NO. OF HOURS PER WEEK: _____

NAME AND TITLE OF SUPERVISOR: _____

PHONE NO. OF SUPV.: _____ NO. OF EMPLOYEES SUPV. BY YOU: _____

EMPLOYER: _____ ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

I DO HEREBY CERTIFY THAT TO MY KNOWLEDGE THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I HEREBY APPLY FOR MEMBERSHIP IN THE ROCKY POINT VOLUNTEER FIRE DEPARTMENT AND, IF ACCEPTED, I PROMISE TO ABIDE BY THE DEPARTMENT GENERAL ORDERS, RULES, REGULATIONS AND PROMPTLY OBEY AND EXECUTE ALL ORDERS OF THE OFFICERS AND THE BOARD OF DIRECTORS OF THE DEPARTMENT TO THE BEST OF MY ABILITY. I UNDERSTAND THAT, IF MY APPLICATION IS ACCEPTED, I AM TO BE PLACED ON A PROBATION PERIOD AND AT THE END OF THE PROBATION PERIOD SHALL BE VOTED ON FOR FULL MEMBERSHIP STATUS AS A VOLUNTEER BY GENERAL MEMBERSHIP OF THE ROCKY POINT VOLUNTEER FIRE DEPARTMENT. I HEREBY AUTHORIZE THE ROCKY POINT VOLUNTEER FIRE DEPARTMENT TO CHECK ANY RECORDS RELATING TO MY BACKGROUND AND/OR PAST EMPLOYER(S) REGARDING MY CHARACTER, QUALIFICATIONS, ETC. I UNDERSTAND THAT THE RESULTS OF ANY BACKGROUND AND/OR EMPLOYMENT INVESTIGATION ARE CONFIDENTIAL AND THAT ANY NEGATIVE FINDINGS MAY PREVENT MY MEMBERSHIP IN THE ROCKY POINT VOLUNTEER FIRE DEPARTMENT.

SIGNATURE: _____ DATE: _____

****FOR DEPARTMENT USE ONLY****

BACKGROUND INVESTIGATION: () APPROVED () DISAPPROVED

SIGNATURE OF INVESTIGATOR: DATE BACKGROUND CHECK COMPLETED

SUBSTANCE ABUSE TESTING RESULTS: () NEGATIVE () POSITIVE

APPLICATION REVIEWED BY BOARD OF DIRECTORS ON: _____

() APPLICATION RECOMMENDED FOR PROBATIONARY MEMBERSHIP

() APPLICATION FOR MEMBERSHIP REJECTED

APPROVED: _____ DATE: _____
CHAIRMAN OF BOARD OF DIRECTORS - R.P.V.F.D.

APPROVED: _____ DATE: _____
CHIEF – R.P.V.F.D.

**APPLICATION FOR MEMBERSHIP
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**DRUG SCREENING THROUGH URINALYSIS
APPLICANT CONSENT FORM**

I, _____, UNDERSTAND THAT, AS PART OF THE MEMBERSHIP PROCESS AS REQUIRED BY THE ROCKY POINT VOLUNTEER FIRE DEPARTMENT, I MUST SUBMIT A URINALYSIS DRUG SCREENING.

I DO HEREBY VOLUNTARILY CONSENT TO THE SAMPLING AND SUBMISSION FOR TESTING OF MY URINE FOR THE PURPOSE OF SCREENING FOR THE PRESENCE OF ILLEGAL DRUGS. I UNDERSTAND THAT A NEGATIVE RESULT FROM THIS SCREENING IS A CONDITION OF MEMBERSHIP.

I ALSO UNDERSTAND THAT REFUSAL TO SUPPLY THE NECESSARY SAMPLES IN A REASONABLE AND TIMELY MANNER OR PRODUCING A POSITIVELY CONFIRMED TEST RESULT FOR THE PRESENCE OF ILLEGAL DRUGS MAY RESULT IN MY BEING DENIED MEMBERSHIP WITH THE ROCKY POINT VOLUNTEER FIRE DEPARTMENT. I UNDERSTAND THAT A REFUSAL TO SUBMIT TO A DRUG SCREEN OR A CONFIRMED POSITIVE TEST RESULT INDICATING THE PRESENCE OF ILLEGAL DRUGS WILL BAR ME FROM SECURING MEMBERSHIP WITH THE DEPARTMENT.

I AUTHORIZE DISCLOSURE OF THE DRUG SCREEN RESULTS BY AND BETWEEN THE TESTING LABORATORY, CHAIRMAN OF THE BOARD OF DIRECTORS AND THE CHIEF OF THE ROCKY POINT VOLUNTEER FIRE DEPARTMENT. I UNDERSTAND THAT THE RESULTS OF THE URINALYSIS WILL BE AVAILABLE TO ME AS SOON AS POSSIBLE AFTER RECEIPT BY THE FIRE DEPARTMENT.

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

STATE OF NORTH CAROLINA
COUNTY OF PENDER

I, _____, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE DO HEREBY CERTIFY THAT _____ PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THAT DUE EXECUTION OF THE FOREGOING INSTRUMENT IN WRITING AND FOR PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND NOTORAL SEAL, THIS THE ____ DAY OF _____, 20__.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC